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LECTURES ON SURGERY, MEDICAL AND OPERATIVE,

DELIVERED AT

St. Bartholomew's Hospital;

BY MR. LAWRENCE.

Lecture XIII.

Hectic Fever—Treatment of Hectic—Mortification resumed—Its Causes, Prognosis, and Treatment.

Gentlemen, having omitted in my last Lecture one part of my subject, of which it was my intention to have spoken, I shall now fill up the vacuum, and prevent a dislocation of the subject.

Hectic Fever.—The constitutional disturbance which takes place when inflammation arises in the cyst of a chronic abscess, and when copious and continued suppuration occurs, has obtained the name of *hectic fever*. Hectic fever is a disturbance of the system, arising from the weakness occasioned by long-continued and serious local disease, more especially when such local disease is attended with suppuration. Hence it has been sometimes called *suppurative* fever, though that name would be objectionable, because suppuration very commonly occurs without any symptom of hectic fever, whilst, on the other hand, hectic fever may take place where there is no suppuration. Hectic fever occurs in various *medical* as well as *surgical* cases. In extensive pulmonary disease of a tubercular character, though the disease may not have proceeded to the extent of suppuration, you may have all the symptoms of hectic, and in an affection of some important joint of the body, in which the formation of matter may not have taken place, hectic may have occurred. After a serious injury, such as a bad compound fracture, violent inflammation of the limb will generally supervene, and, in conjunction with this serious local disturbance, there is a corresponding inflammatory fever; matter forms in consequence of the inflammation, and a palliation of the symptoms succeeds; there will be a recurrence of the inflammation, fresh purulent collections will take place, and fresh febrile symptoms accompany them; in this way the strength of the patient becomes considerably reduced, and, after a length of time, the local disturbance becomes altered; the limb is no longer swelled, red, and the seat of successive phlegmonous abscesses, but it is, perhaps, shrunk in size; œdematous, instead of having the firm swelling which characterises phlegmonous inflammation, and probably a profuse discharge of thin matter takes place. Together with this change of the local symptoms, there is a corresponding alteration in the constitutional disorder. The local disease has renounced its acute, and assumed a kind of chronic character; and a similar alteration occurs in the febrile symptoms. The patient now becomes hectic, that is, he has what we may call a kind of *chronic fever*.

In hectic, too, whether it come on in consequence of the changed state of the local affection proceeding from a severe injury, whether it be connected with the irritation arising in the cyst of the chronic abscess, or whether it depend on a slow disease in some important organ of the body (such as the lungs or a joint); we find that there is considerable disturbance in the circulation, and that the pulse is accelerated, though feeble. It varies from a hundred to a hundred and twenty, and upwards; and it often remains for weeks and even months at 120, without sinking below that point. The patient sometimes feels heated, sometimes chilled. The surface of the body is now red and flushed, now pallid and cold, and frequently it is bathed in profuse perspiration. Slight degrees of excitement are sufficient to bring on flushings, which induce perspirations. The tongue is moist, and perhaps clean; the functions of the digestive organs are more or less disturbed, and towards the latter part of the affection, a diarrhœa comes on, which can hardly be restrained by any means we may employ. The perspirations in the latter stage of hectic are very profuse, and the discharge by the bowels is

also very excessive; and hence we have the terms *colliquative sweats—colliquative diarrhœa*, which merely mean *melting*, as if the body were melting away under the profuse discharges by which it is drained. Great restlessness and discomfort at night are also attendants on the debilitated patient.

Now the symptoms of hectic do not remain at the same degree during the whole four-and-twenty hours; on the contrary, there is a very striking exacerbation towards evening, and an equally well-marked remission of symptoms in the morning. Towards evening, the pulse becomes accelerated, the body heated, the patient feels restless and uncomfortable, and in the course of the night he probably becomes bathed in profuse sweats, the disturbance terminating in that manner. In the morning he is comparatively free from fever, and so remains some part of the day. Such are the principal stages of that condition which constitutes hectic fever.

It has been the subject of doubt, whether hectic fever can be cured? The real question is, whether you can cure the disease that causes the symptoms—whether you can remove that local excitement which produces the general disturbance of which I have just spoken? If you can do this, you can cure hectic fever; but in most instances the local disease is of a very serious kind, very frequently irremediable, and if you cannot put a stop to *it*, you cannot put a stop to the constitutional symptoms excited by it. You cannot expect that hectic fever will be cured, while the origin of it remains in its full force. But, in cases where the cause admits of removal, as in severe disease of a joint (the knee-joint for instance), which can be removed by amputation, you will find that all symptoms of hectic will very speedily cease when the cause is cut off. You will find the pulse will then sink, the appetite be regained, and in fact, health be recovered.

Treatment.—What then is the treatment for hectic? If you regarded it *merely* as *vascular excitement*, you would suppose it would be necessary to adopt some measures calculated to reduce that, but you must take into your consideration the powers of the system. No direct means of this sort could be borne; they would merely lessen the powers of the system, without doing good at all. Your object, then, in that case, is to sustain the strength of the patient—to keep up the powers of the system by means that do not at the same time excite. You would, then, be inclined to give the lighter kinds of tonic medicines, the *dilute mineral acids*, with bitters, such as *bark* and *cascarilla gentian*. You would let the patient take, according to his appetite, in moderate quantities, light, but nutritious diet. The dilute mineral acids (particularly the dilute sulphuric acid) possess as much power as any I am acquainted with, in checking the profuse perspirations during the hours of sleep. When the patient gets no rest, and passes uncomfortable nights, you may occasionally deem it necessary to administer narcotics. It is, on the whole, a palliating plan; and, at the same time, you endeavour to administer mild nourishment to support the patient's strength, and enable him to repair those local injuries, for this is essential to the cure of the fever.

Mortification resumed.—I now resume the thread of discourse respecting mortification.

Causes.—The causes of mortification are very various; hence the mode of its occurrence, the seat of the affected part, and the whole progress of it, vary much in different instances. Under the head of causes of mortification, we include a great variety of agencies, which are capable of suspending the circulation of a part immediately, or producing such violent disorder in that circulation as will be equal to the suspension of it, the nature of the affection being essentially a cessation of the vital movements of the part. Now among those causes, there are some which will surely produce the effect, whenever they are applied to a part of the body; there are others which will only produce the effect, when applied under certain circumstances; that is, when they affect certain individuals, possessing a certain state of health. These unhealthy states of constitution, which, in common language, and not very inappropriately, are called "bad habits of body," are the most powerful predisposing causes. There are such conditions of health in individuals as will lead to mortification, on the application of very slight disposing causes; and there are certain states of certain parts of the body, in which the occurrence of mortification would be very speedy. For example, it sometimes happens that the arteries of a limb may undergo certain changes, and become ossified. Here are specimens (showing them) of a portion of a large artery, converted into a complete bony canal; and when this change takes place, as it frequently does in the trunks of large vessels in the extremities of old persons, you cannot wonder that the circulation in the capillary vessels should be easily disturbed, and lead to mortification on the application of slight causes.

The division then of predisposing, or direct and exciting causes, is as important in *mortification* as in inflammation, and other important diseases. Among the causes then of mortification, we may enumerate the application of intense cold to the body; the infliction of very serious local injury; the direct interruption of the supply of blood to

a part by pressure, or by ligature, in the main artery of a limb. In the same way certain diseases of the heart, particularly those which produce a contraction of the orifice of the aorta, are capable of inducing mortification. Two or three winters ago I had a lad in the hospital, under my care, who laboured under a disease of this kind; we could not ascertain, exactly, the nature of the disease about the heart, for the body was removed before we could examine it; but mortification came on in the toes of both feet, and I have very little doubt, that that was owing to ossification of the orifice of the aorta, so as to interrupt the passage of blood from the heart to the extremities. General pressure on a part where veins are very numerous, such as that of *stricture* of the *intestine* in strangulated hernia, general pressure on the whole of a limb, particularly when that limb becomes the seat of acute inflammatory action, will produce mortification. Now, it sometimes happens, after serious injury to a limb, that a bandage is applied to it; much swelling often succeeds, and thus the bandage, which has been applied only with a proper degree of tension at the time, becomes an excessively firm ligature over the whole limb, and thus the application of a bandage has too often led to mortification, and even to the death of a patient. Pressure on a part of the body by a particular position long kept up, as when a patient remains in bed upon his back, in consequence of some serious injury, the portion of the skin upon which the body rests, will frequently mortify from that cause. Violent inflammation, which first excites the circulation, and then leads to its suspension, will produce this calamity. It appears as if, under violent inflammation, the disorder is sometimes carried to a height which the part is not capable of sustaining, so that the blood stagnates, and, in fact, the part perishes. Generally speaking, a high degree of inflammation is necessary to produce this effect; but sometimes mortification occurs from a degree of inflammation that does not appear to us to be of the highest kind; and, indeed, in cases of this description, we must consider the state of the system, and of the part in which the inflammation takes place. When the limb has been in a weakened state, a comparatively trifling degree of inflammation will be sufficient to produce mortification. If a part has been frost-bitten, and consequently much weakened, the inflammation that ensues, though not very violent, leads to its destruction. In the case of *anasarcous* limbs, when blisters have been applied, or when limbs have been scarified to let out the fluid with which they are distended, it has been by no means uncommon for mortification to be produced by those comparatively trifling local injuries; and here you ascribe the occurrence by no means so much to the degree of inflammation, as to its combination with want of power in the vital functions of the part.

I have already mentioned mortification as an effect of that particular change in the state of arteries, known by the term *ossification*.

Certain internal causes, the nature and operation of which are unknown to us, are capable of producing mortification. Thus, feeding on rye in that particular state in which it is called, by the English, *spur*, and by the French *ergot*, predisposes to mortification; so that, in those countries where rye is an article of food, there are, in bad seasons, when it gets into this state, numerous instances of this calamity. Mortification sometimes happens from external causes, the nature of which is equally unknown to us. Thus it may be produced by the contact of some animal substance, in a state of decomposition with the skin, as in the affection which we call *malignant pustules*. Now the various causes I have mentioned should be divided into two heads, the *internal* and *external*. Of the internal, the most important is an unhealthy, weakened, or deranged state of the constitution, which produces a predisposition to mortification.

Prognosis.—The prognosis in mortification is generally a matter of importance. There are, however, some mortifications slight in extent, and derived simply from external causes, which are unattended with any kind of danger: thus a person may have a mortification of part of the skin covering the tibia, in consequence of a smart blow upon it; that, of course, is not a dangerous circumstance. The skin covering an aneurism, when rendered very thin by the approach of the tumour to the surface, that also covering an abscess, when it is pointing, may mortify. These are examples of *limited* mortification, from causes that merely act on a small portion of the body, but in other instances, and especially in all those where mortification is referrible to *internal* causes, and where we explain it chiefly by that unhealthy state of the constitution to which I have alluded, the prognosis is always very serious. The extent of the change, the depth to which it proceeds, the importance of the organ attacked, the state of the constitution of the individual in whom it occurs; these are points which should be attentively considered by you before you venture to pronounce an opinion as to the result of the case.

Treatment.—In an affection, of which the nature and cause are so dissimilar, you will naturally conclude that no one mode of treatment can be appropriate to all cases. Heretofore, attention has been chief-

ly given to the circumstance of the *loss of vitality* in the part affected, and to the impending loss of vitality in the parts to which the disease seems to be extending. Hence an idea has been entertained that all means should be taken to *stimulate* the parts, so that the general rule has been to apply stimuli locally and generally, internally and externally; to give *bark*, *tonics*, and fill the patient with *nutritious diet*. This is by no means proper as a *general* plan of treatment in mortifications. Undoubtedly, in particular instances, it is right to employ means of this particular order, but we can in no wise say such a practice would be right in the generality of cases. Some have asserted that mortification is always preceded by inflammation, and in their treatment they have principally regarded that circumstance; viz. its origin in *inflammation*, the inflammatory character of the primary affection. It is, perhaps, rather doubtful whether this notion could be completely verified in *all* cases. It is doubtful whether a distinguishable state of inflammation does always precede mortification. However, we should certainly go very wide of the mark if we were to treat all cases of mortification by antiphlogistic means. We can easily suppose that, in the extreme prostration of all the powers of the system, it would be actual madness to think of employing antiphlogistic treatment. The general method of treatment to be observed where mortification is threatened, or where it actually exists, is, first, to prevent its occurrence; secondly, to arrest its progress, or to combat particular symptoms; thirdly, to favour the separation of the dead parts from the living, and, under circumstances where that is proper, to accomplish such separation by an operation. These are the general indications which the treatment of mortification presents.

In considering the first, we should bear in mind the nature of the particular case of mortification. Antiphlogistic treatment will prevent the occurrence of mortification where it is likely to come on from acute inflammation. When a part is under the chance of mortifying in consequence of *cold*, a judicious mode of restoring the temperature will be a good preventive. So in each particular case the treatment calculated to prevent its occurrence, is suggested from the cause that produces it, which signifies in fact, the particular nature of the affection.

It is an important consideration, to determine the means by which the second indication can be accomplished—of preventing the progress of the affection. Now, heretofore, mortification has been regarded much in the light of putrefaction—decomposition and decay of the part attacked; and in the attempts at finding out means by which its progress could be prevented, investigation has been made to ascertain those substances which would put a stop to the progress of putrefaction in *dead* animal substances; and it has been argued, that the same means that would prevent the progress of putrefaction in dead animal matter, would equally prevent the progress of mortification in the living body. Hence the class of substances called *antiseptics*; that is, the substances principally relied on as calculated to prevent putrefaction. Alcohol, camphor, turpentine, bark, these are very well known to have the power of preventing that spontaneous decay in dead animal substances, which would otherwise take place. Now you are well aware, that the change which occurs in mortification, is by no means to be considered as identical with putrefaction; and although these substances would retard putrefaction in the dead body, it by no means follows, they would prevent living parts, which are seriously disordered, from going into a state of mortification.

With reference to what will prevent the progress of mortification, we want to discover, not that which will preserve for the longest time that which is already mortified, but what will restrain that which has not lost its vitality, from passing into a state of mortification. Now if you consider that the living parts are in a high state of inflammatory action, you will immediately perceive that alcohol, camphor, turpentine, and such medicines, cannot be well calculated for the said purpose, and, therefore, we may dismiss altogether from our catalogue of remedies the substances called *antiseptics*, which were so much relied on by the older writers. Their employment has entirely arisen from an erroneous view of the subject.

There are certain substances which have the power of correcting or of destroying the *fetor* which attends the process of mortification. Charcoal is one of those, and thus the application of charcoal to the diseased part is often advisable, with reference simply to removing the annoying and stinking fetor that attends it. For this purpose you use very finely-powdered charcoal, and mix it up with bread into a poultice, till the poultice is entirely black, then apply it to the part, and you will find that the offensive fetor, which is very great, will be much corrected. Alcohol and camphor have the same power in some degree; but the most powerful agents in removing this, are the chlorates, or the chlorurets of lime or of soda, which have of late been introduced into practice by the French, and have been employed by them as disinfecting agents, as means for destroying the infectious character of various effluvia; and I believe they may be said to possess that power in a very complete degree. Certainly, if you apply to a part of the body which is undergoing

mortification, cloths dipped in a solution of chloruret of soda, or of lime, of a sufficient strength, you will find that the unpleasant smell will be completely removed; and if you sprinkle a little of this solution over the bed-clothes, it will be of considerable service.

Now the French have gone further than this; for they say, not only are these agents capable of destroying the effluvia arising from mortification and other diseases, but that they also tend to arrest the progress of mortification—that they stop the diseased action. If they did so, they would certainly be very important remedies. Mr. Alcock has introduced these circumstances to the notice of English readers in an interesting publication, in which he has collected the information principally from the French writers; and he is of opinion, that those agents possess a power of acting on the living parts which are threatened by mortification, such as to check the progress of the disease. In instances where I have seen them used, it appears to me that they are merely to be regarded as disinfecting agents—that is, as destroying the effluvia; and that they do not at all possess the power of checking the progress of mortification by any agency they convey to the living parts over which mortification is impending.

The internal treatment would, of course, be various, according to the condition of the general symptoms. In the case of acute inflammation, you may have to employ antiphlogistic means. In a case where the symptoms have assumed the typhoid character already mentioned, you would employ means of quite a contrary kind. Bark, stimuli, wine, brandy—all means, both dietetic and medicinal, which are capable of supporting the strength of the patient, become necessary. Under such circumstances, however, we cannot lay down any one general plan.

We come now to the third indication—the means of favouring the separation of the dead parts from the living. While the mortification is extending, we cannot accurately trace the boundary between the dead and the living parts; they seem to be confounded. At all events, near the edge of what we conceive to be the dead part, we find that the living parts, if not actually black or brownish, are perhaps of a dark livid tint, and seem just passing into the more decided colour which indicates mortification. The surrounding living parts are vesicated; the cuticle is raised by serous fluid under it, and it is by this process the mortification creeps on, attacking fresh parts in succession. But, when it is stopped, we see a distinct edge pointing out the part; and we see the immediate portion adjoining that distinct edge, assuming a brightish-red colour. In fact, the boundary of mortification manifestly shows the occurrence of inflammation, and then the absorbents begin to perform the act of separation. An ulcerated line occurs at this part, which gradually deepens, and thus the mortified part is by degrees separated. Now, in order to favour, by local application, this process, all we can do, in general, is to keep the part at rest, and to keep it covered by a soft warm poultice. I believe bread, or linseed, answers the purpose. Sometimes it appears that the natural process by which the separation is effected, does not go on so actively as is desirable; that the living parts which adjoin the dead are languid, and that the separation is better under the employment of local stimuli. An old application of this kind consists in the admixture of yeast, or grounds of stale beer, with bread or linseed powder, to make a poultice, which is called the effervescing cataplasm, or yeast poultice; and this may be employed more effectually by using oatmeal, instead of bread or linseed meal; yeast is employed instead of water. The dilute nitric acid lotion may be occasionally applied along the boundary between the dead and living parts; under such circumstances, four, six, or ten drops, to an ounce of distilled water, may be made use of. The yellow or black basilicum, or stimulating forms of ointment, are well fitted for it; and the balsam of Peru is an eligible stimulus to be applied on such occasions. It does not excite the part very considerably, and it tends very much to correct the fetor connected with the process of mortification. In some instances, powdered camphor may be advantageously strewed on the part in which the process is going on. It is rather a powerful stimulus, and may be employed where the part appears particularly languid. These are the means by which we can favour the separation of the *mortified* from the *living* parts.

Then, as to the question of limiting the dead portion, or the process of mortification (in case a limb be affected), by operation? The general rule has been not to perform amputation until the boundary between the mortified and living part is decidedly established, and no doubt this is a very wise rule. In instances where an entire limb is the seat of mortification, it will generally be found that the state of the constitution at the time has had much to do with the occurrence, and the progress of the mortification; therefore, until that process is decidedly arrested, you may suppose that the same disposition which has given rise to the occurrence of the complaint, still exists, and consequently, that if you amputate a limb under these circumstances, the wound which is made by amputation will take on morti-

fication. On the general experience of this circumstance has been grounded the rule I have laid down to you, not to think of performing an operation until the boundary is completely established. When the process of mortification has thus come to a natural conclusion, you may suppose that a more healthy condition of the body has occurred, and you may expect that the wound, if you perform amputation, will go through the natural process necessary for its cure. I have seen instances in which, where the toe has been the seat of mortification, and where the condition of the limb in its upper part has appeared to be quite free from disease; where the patient has seemed in a tolerably healthy state, and where, from the slow progress of affection, it has been supposed the disposition to mortification has been worn out; in instances of this kind, where it was supposed mortification was at an end, though the boundary has not been clear, amputation has been performed, and, I believe I can say, that, invariably, the mortification has come on in the stump, and the operation has turned out to be without advantage; so that, in all cases where mortification arises from, and is kept up by, any internal cause, an unsound state of the constitution, you would not for a moment think it right to operate. Perhaps in some mortifications from external causes there may be exceptions to this rule.

Having addressed to you these general observations upon mortification, I have a few words to say respecting some particular forms, or kinds of mortification; and, first, of the mortification that is produced by the application of cold. Cold, whether applied to the body generally, or whether to any particular part, has, in a very decided way, the effect of diminishing vital action; and thus, in countries that are very cold, where persons frequently have certain parts of the body exposed to a temperature much below the freezing point, and that for a considerable time, it is by no means uncommon to have such parts chilled, and, in fact, actually frozen. As this is a common occurrence in those countries, experience has taught the individuals what is the proper mode of proceeding when this has happened—frost-bites or chills—in order to ward off mortification. It has been found that, if a part of the body thus chilled be suddenly brought to a fire, and have its temperature suddenly raised, it will inevitably mortify, and that the only mode to prevent this is to raise the temperature of the chilled part very slowly, by the application of snow, or ice-water; by rubbing it with these the freezing is removed; and then, though all the vital movements had ceased for a time, although the circulation had been completely put a stop to, those movements are again restored, and the part recovers without injury: that is the treatment in frost-bites.

In respect to the lesser mortifications, that arise from local injuries, there is little to be said; the occurrence is unimportant, and no particular rule can be laid down.

The mortification which arises, however, from serious local injury, and which affects an entire limb, is a case of very great importance. This comes on in consequence of extensive bruises, or lacerations; in consequence of very severe gun-shot wounds; in consequence of bad fractures, and those, perhaps, complicated with dislocation in the extremities of the body, fractures in which there are extensive lacerations and bruisings of the soft parts, and perhaps injury to some of the principal vessels and nerves of the limb. Under such circumstances mortification will come on suddenly in an entire limb. The limb swells, loses its natural colour, becomes livid, black, and blue; loses its temperature; a thin and offensive sanies is found disseminated through its textures; the cuticle separates; vesications occur, followed by a sanious discharge; and those changes, within a very short time, will extend to the whole of a limb, and quickly reach the trunk of the body. This constitutes the case which is called *traumatic gangrene*, that is, gangrene consequent on a wound—gangrene of an entire limb, produced by violent local injury.

You may judge of the rapidity of the affection in those cases from what is mentioned by Larrey, who has given several cases he has observed principally of *gun-shot* wounds. He says he has seen, in some instances, the process of mortification reach the trunk *within six hours* after the injury happened. Under these circumstances, if such a case be left to itself, death is inevitable. The only question is, whether, provided we see the case sufficiently early, we may attempt to save the patient by amputation? As for waiting for a boundary, waiting for a cessation of the mortification here, that is quite out of the question. If you do that, the patient is lost. This, therefore, is a case in which it becomes *questionable*, whether we ought to adhere to the general rule I had previously laid down to you. Now we must consider, not merely the state of mortification of the limb, but also the condition of the patient's constitution in whom it occurs. There are certain individuals of *bad constitution*, in whom traumatic gangrene may take place, and in whom the mere state of the constitution alone, independent of serious local injury, would be a sufficient objection to the performance of an operation. I mentioned to you in a former lecture, having seen one of Whitbread's draymen, in whom, from a simple graze on the shin, mortification had extended *in eight-*

and-forty hours, to the whole of the limb. In such an individual, amputation, for injury of this description, would be quite out of the question. About three or four weeks since, I was sent for into the country, to see a gentleman, without being aware of the case I should have to witness; and I was surprised, on going into the room, at the look of the patient. He began to speak to me, but he appeared to be hardly able sufficiently to command the muscles about his face, to enable him to make the statement he desired. I put my hand on the pulse, and found it sinking, the hand was cold. I found he had an affection of the other arm which I was desirous of looking at; when it was exposed I saw that it was livid, found it cold, and the process of mortification extending up the whole arm. On inquiring into what had occurred in this case, I found that the gentleman was not aware of any thing to account for the state of this limb, except that some one had struck him on the elbow in passing a few days before. He had applied to a medical man, who had sent his assistant, and he, not thinking there was much the matter, had applied some leeches. The medical gentleman, however, by whose desire I was requested to see the patient, had not himself seen the patient till within less than eight-and-forty hours of the time that I saw him. I saw him on the Saturday evening, and he had seen him on the Thursday, so that, within that short time, this traumatic gangrene (if it was such, and I cannot consider the case in any other light than I have mentioned) occurred from such a cause. It is obvious, that if it occurred from so slight a circumstance, it would be of no use at all to amputate such a limb. In the feeble state into which he was reduced, the mere operation would have been sufficient to extinguish life; in fact, that gentleman died in four-and-twenty hours after I saw him. Now, a good many years ago, an Irishman was brought into this hospital, who had fallen from a scaffolding *three stories* high. He did not fall directly from the third story to the ground, but he fell from the third to the second, from the second to the first, and from the first, I believe, to the ground; however, he was very seriously hurt. He was not under my care, for I was not then surgeon here. I came to the hospital soon afterwards, and I was requested to see this patient in about three days, I think, after he was brought in. On the preceding night, the dresser, under whose care he was, had left him well, for he had seen him just as he was going away at night. He had then no complaint. In the morning he told the nurse that he had been in a dreadful state of pain all the night; she went to the dresser and told him of it, and he asked me to see him. I went, and found the wrist and fore-arm up to the elbow, enveloped in a bandage, which, although perhaps not too tight at the time of application, was exceedingly tight *then*. On feeling the hand below it, I found it was cold and dead. On taking off the bandage, the arm was completely livid and dead also. The upper arm, or at least the lower part of it, was perhaps not exactly in a state of mortification, but approaching to it, with those appearances reaching up to the shoulder. This had all come on within from ten to twelve hours. Now here was a stout young Irishman, with a good constitution, and I thought a good case for trying the operation in; and although I could not say that when I thought of operating, the integuments were entirely free from colour, yet I thought it right to give him the chance, and I removed the arm at the shoulder joint. The part where I made the flap, in performing the operation, was filled with a sort of serous fluid. That case, however, succeeded perfectly, and the man recovered. I have seen one or two other cases in which the operation has been performed in traumatic gangrene, before the mortification had stopped, and manifestly before the line of demarcation had taken place between the dead and the living parts. Several such cases are recorded by Larrey in his *Memoirs of Military Surgery*, and I believe there are other catalogues of such instances, so that I have no hesitation in stating that, in a case of healthy constitution, where the gangrene arises from a simple external cause, you may disregard the general rule I before mentioned, respecting the performance of amputation, and remove the limb, with the effect, in many cases, of saving the patient's life, which otherwise is inevitably lost, from the very serious nature of the affection, and the rapid way in which it extends over the limb.

In elderly persons, mortification frequently attacks certain parts, more especially in the changed state of the arteries of a limb, to which I have already had occasion to advert. Mortification of this particular kind has been called *gangrena senilis*—the gangrene of old age. A portion of one of the toes, or some part of the foot, becomes livid—the cuticle is raised by sanious fluid—vesication takes place—the patient experiences, perhaps, little or no pain, and when you open a vesicle, on cutting through the cuticle, you will not be surprised to find that the skin, which is exposed, has completely lost its vitality. The part is completely mortified; it goes into a state of *dry* gangrene. Perhaps the dead portion may be separated from the limb, and leave a healthy sore that may heal; but generally you will find that mortification has occurred in some other place, and very commonly that from the part at which it begins, it extends fur-

ther; so that, generally, when you see an occurrence of that kind, you will find that the patient will die from it, although the mortification in the first instance shall appear to be very slight, and shall take place with so little local disturbance, and with so little constitutional affection, that you are perhaps hardly aware of the dangerous nature of the disease. Sometimes this gangrene of the toes of old persons is attended with very considerable pain; and it is this form of affection in which Mr. Pott very warmly recommended the administration of opium in very large doses, on account of the pain. With regard to local treatment, I believe you cannot do better than keep the part at rest, and covered by a soft poultice, assisting the separation by some of the means I have mentioned.

I have told you that, in general, those cases terminate fatally. When once you see that livid vesication and separation of the skin, which are seen in individuals in whom the disease occurs, however trifling it may appear at the time, you seldom find the patient escapes. Sometime ago I saw a patient in whom this had taken place on the under surface of the last phalanx of the great toe. He was a gentleman between fifty and sixty years of age, who had been in the habit of living well; by no means working hard, but indolent, and a free liver; he was corpulent, and had got a good red pimply face. He was quite surprised that any thing should be wrong with his toe. (*Laughter.*) He had lived well, he could still eat and drink well, and he thought his health should be good. This affection came on very slowly, and gave him but little pain. When I saw him, and explained the necessity of keeping in the horizontal position, and perhaps in bed, it was with great difficulty he could be prevailed on to refrain from walking about. However, he was persuaded to do what was necessary, and the mortified part separated, leaving a completely clean, granulating surface, that appeared to be healing; when, on one day, all of a sudden, apparently without any cause, mortification of the whole of the rest of the toe occurred. A groove took place, and all the soft dead parts were separated, and I cut through the bone with a pair of pincers. The surface appeared clean, and there was no reason to suppose that it was unhealthy. However, soon afterwards a livid redness formed a little further up, deep-seated suppuration took place, with ulceration, and the discharge of a nasty stinking pus in the foot, and thus he was carried off. In the course of the summer of 1828, I saw a gentleman about the same age, and of a similar habit of body, in whom mortification of this description took place on the side of the heel—in size about a quarter of an inch one way, and three-quarters of an inch another. In this gentleman, the process of separation took place in about a couple of months; he got well, and remains so to the present time. Now that is an instance to show that these mortifications are not invariably fatal; but inasmuch as they are generally preceded by that very unhealthy state of the constitution, inasmuch as they generally occur in persons whose health is impaired by sedentary and indolent habits, and free living, you will usually find they terminate fatally; although, for a time, the natural process of separation may take place, and the case may seem to be on the point of doing well.

I just mentioned to you cursorily, that mortification takes place from the application of animal matter to the surface of the body, as under the form of malignant pustules. Under this term, a certain condition of the skin has been described by continental writers, and I fancy it is more common with them than it is with us. They speak of it as occurring in butchers, and persons having to do with hides; and they say it takes place more frequently where butchers slaughter some kinds of animals, that die under certain states of disease. I have only seen one instance of it, and I just mention it, that you may know what the thing is. This was a person who, I think, had been employed in Leadenhall Market, and who had to overhaul parcels of old hides that came from South America. One of them swept along his cheek, he was aware that it touched it, and left something there, but he did not take much notice of it. However, his cheek, about an inch and a half below the eye, first of all became red and swollen as if by œdema; then, rather more than an inch of that part became shining and still redder; it then turned black and mortified, and, in fact, sloughed. A pretty deep slough formed on the cheek of that individual; suppuration took place in a very natural way, and the part cicatrised. He lost a great part of the cheek, and the lower eyelid was rather pulled down by the cicatrisation. There was no very particular circumstance attending it, but it is a singular kind of example of the immediate deleterious effect which certain animal substances are capable of producing on the body.

EDINBURGH UNIVERSITY CLINIC.

December 10th.

FEVER.

Dr. Alison commenced the clinical lecture to-day with the case of William Leech, ætat. 28, admitted since the preced-

ing lecture. On the 10th day of fever the disease was ushered in by rigours and the usual symptoms of febrile accession, and with pain of the head and back. Within the first days he had been bled largely, and certainly with advantage, for, on admission, no symptoms of local inflammation or congestion were observable; the bowels were easily kept open; he was drowsy but readily roused, and there was no accompanying stupor. The only symptoms, in fact, demanding attention were, frequent pulse, warm skin, and muscular weakness; indications of a case of purely simple fever, according to the phraseology of Dr. Bateman, whose account of contagious fever Dr. Alison strongly recommended to the notice of the class. This kind of fever appears to have a natural tendency to cure in a certain period, a circumstance of importance to be known, that it may not be needlessly interfered with by too active treatment. Simple fever, however, may prove dangerous in two ways; first by the supervention in its progress of local symptoms, and secondly, by the mere increase of debility and exhaustion; this latter is much more to be dreaded in some epidemics than in others, and in old than in young subjects; old persons are much more readily exhausted, and we see in them less of the natural tendency to a favourable termination of the disease. The practical application of these remarks, Dr. Alison thought important in the administration of wine, for he always found that in the *simple* fever a little wine was useful, even before debility supervened, anticipating it, as it were, and thus becoming of more effectual benefit than much larger quantities, when exhaustion was actually present. In this manner Leech had taken, since admission, four ounces of wine daily; the tepid washing had also been used; this he does not consider a remedy of any great efficacy, except inasmuch as it is grateful to the patient's feelings, and thus presents the aggravation of the disease, by diminishing febrile restlessness, and irritation.

With respect to the use of opiates in fever, there was no point he considered of greater difficulty; they appeared to him most useful in cases often met with among the higher ranks, where there was a peculiar set of irregular, head symptoms, much hurry of thought, restlessness, and various other appearances nearly coinciding with what is denominated the *fievre ataxique*. The reputed efficacy of opium against spasm, he considered doubtful; when headach or stupor was present, it was decidedly contra-indicated; but in similar cases, in which blood-letting had been previously practised, it became sooner admissible, the patients often falling into a state of drowsiness, favourable to recovery, which, when induced, allowed the opium to be withdrawn.

The next case was that of Bernard Curran, ætat. 40, a labourer. This man, Dr. Alison observed, as often happened, appeared much worse in the waiting-room than he was subsequently found to be, as he had walked a mile to present himself at the Infirmary. He complained of cough, occasional dyspnœa, pain, first one side, and then the other; disease had commenced nine days previous, with febrile symptoms; the pain, however, on minuter examination, appeared rather rheumatic than pleuritic, and the more so because his chest sounded well on percussion, a circumstance which is seldom found to occur in pleurisy when equally advanced, the effusion which has taken place rendering the sound dull and obscure. All that he considered important, in cases like this, was the impossibility of saying but that tubercles might be forming, and the present symptoms connected with them; but in this individual his age discountenanced the idea, as it seldom happened, in people of his grade of life, that phthisis supervened at so late a period.

MARASMUS.

The case of Woodman, mentioned at page 353, having terminated fatally, was next brought forwards. Dr. Alison reminded the class of the statement concerning this boy's disease, which he had already laid before them, and recapitulated the symptoms from which he had concluded the existence of organic affection of the abdomen, dwelling, especially, on the epigastric pain, the florid tongue, dry skin, and progressive emaciation, the coagulable urine, and œdema of the ancles; (for the urinary and hydropic indications he considered rather as accidental than essentially connected with the state of the leading disease;) symptoms, which, even including the obscure pain of the epigastrium, were rather indicative of general disease, than referrible to any particular organs. He had been induced to suspect them to be connected with tubercular deposition, and once he even fancied he felt elevations of this kind through the parietes of the abdomen, but it appears that the sensation was communicated by the state of the cells of the colon. In this case the prognosis was rendered more unfavourable by the fact of no function subservient to assimilation being remarkably impaired; if constipation had been present, it would have readily accounted for many of the symptoms; even if considerable jaundice had occurred, it might have been referred to some temporary obstruction.

With respect to the treatment which had been pursued, he had before told them that it could be merely palliative, and directed to allaying any particular cause of inconvenience. To the use of mercury, in such dis-

cases, there were strong objections; not but that surprising cases of recovery had taken place under its use, even after there was decided and very evident organic enlargement; but the number of such cases which had been authenticated was very trifling. Mercury seemed very often to excite or aggravate the condition of scrophulous tubercles, iodine he believed a much safer remedy, but only when given in very small doses, and continued for a great length of time. On the whole, he considered the carbonate of soda, and tincture of the muriate of iron, which had been used in this instance, as good practice as any.

Soon after admission Woodman had a dysenteric attack; blood appeared in the stools, with tormine and tenesmus. This was restrained by opiates and castor oil, but he soon became generally worse, and afterwards scarcely rallied; after this attack he had been using the spir. ætheris nitrosi and digitalis, but the diarrhœa again violently recurred, and quickly terminated his existence.

On dissection, the serous and mucous membranes of the abdomen were found in a healthier state than Dr. Alison had anticipated. There were no tubercles in the one, nor was there any ulceration of the other, and the disease was found to be more confined to individual organs than he thought; a quantity of fluid was effused in the abdomen; some mesenteric glands enlarged, and the liver was found affected in a remarkable manner; it was of a lighter colour than usual, from hypertrophy of the grey matter; the right lobe was much diminished in size, and presented a puckered mark, like the cicatrix of an old abscess, and was adherent to the colon top of the kidney, pancreas, and omentum; when cut into, tubercular cysts were found in its substance, resembling the appearances often seen in the section of an ovary; different tubercles were scattered over its surface, and one in particular, was found close upon the ducts, and both the hepatic and cystic ducts were much enlarged, produced by the pressure of the tubercle, or by the right end of the pancreas, also in a state of disease. From the singular diminution in size, and puckered appearance of the right lobe of the liver, the duodenum was examined, to discover if any traces of an abscess having opened into it could be observed; it was found rather thickened, and contained a whitish fluid, but this, Dr. Alison imagined, was rather the consequence of pressure on the neighbouring veins than connected with the hepatic appearances.

The pancreas was not larger than natural, but it was considerably thickened, and its natural texture changed into a hard cartilaginous mass. The spleen was also hardened and enlarged, as is usually seen when the liver is much diseased.

Appearances of considerable interest were found in the kidneys, strongly corroborative of the opinions of Dr. Bright, now familiar to the profession through the means of his admirable delineations, and through a paper of great merit by Dr. Christison in the last Number of the *Edin. Med. and Surg. Journ.* The cortical substance, in this case, was light-coloured, and the external surface (when the investing membrane was removed) mottled, and variegated, in the precise manner Dr. Bright had depicted. In Dr. Bright's work, and in Dr. Christison's paper, ample statements are to be found of the speculations concerning the connexion of these appearances with coagulable urine; this form of disease of the kidney often shows itself with sudden and acute inflammatory symptoms, requiring active antiphlogistic treatment, and yielding generally to copious depletion; this is particularly the case in the dropsy resulting from exposure to cold, especially during convalescence from the exanthematous eruptions, as is well exemplified in the anasarca which succeeds scarlatina, in which the urine is found to coagulate. In this case Dr. Alison did not consider the affection as further connected with the fatal event of the case, than inasmuch as it indicated the general tendency to organic alterations, perhaps resulting here, from chronic inflammation. With respect to the disease of the pancreas, spleen, and liver, it appeared absolutely to consist of the deposition of hard tubercles, and the consequent absorption of their internal substance. Dr. Alison finally reminded the class of the great obscurity attending the affections of the parenchymatous or internal substance; he alluded to several cases in which symptoms, which might be attributable to such a cause, were, on dissection, found to be otherwise induced, and remarked on the different circumstances by which internal pain might be produced, stating his belief that in parenchymatous disease it generally resulted as it were accidentally, from the distension of investing membranes, or pressure on adjacent nerves; and he finally concluded the subject by reference to cases in the writings of Baillie, and Abercrombie, on abdominal diseases.

Before closing the lecture he directed the attention of the students to two bad cases which had been recently admitted, one of disease of the spinal chord, attended with pulmonic symptoms of considerable physiological interest, resembling in some degree those produced by the section of the eighth pair of nerves. As he expected both cases to terminate fatally very soon, he postponed their further investigation to a future occasion.

TÆNIA IN WATER.

The statement of Linné, who asserts that he found tape-worms living in water, has been generally doubted by naturalists, on account of its not being borne out by the observation of others. The Transactions of the Society of Naturalists at Danzig, for 1829, contain however a curious fact, observed by MM. Baer and Eisenhardt, which, in some respects confirms Linné's statement. They found in the water of the Pregel, about five miles from Koenigsberg, a considerable quantity of bothriocephalus solidus, of which they succeeded in catching four. They remarked, however, that the same water contained a great number of gasterosteus pungitivus, in the intestinal canal of most of which, one or two worms of the above description were found. MM. Baer and Eisenhardt ascertained, however, that the entozoon in question is capable of living in water for several days.

SINGULAR CASE OF PICA,

with vomiting of immense quantities of eggs and larvæ of the common gnat.

Louise C. ætat. 19, having been employed from her childhood in keeping sheep, was frequently, when in the fields, obliged to drink ditch-water, to which she at last became so accustomed as to prefer it to any other. During the last three years she had been several times in the Hospital of Thouars, for ulcers of the legs and arms, which speedily healed, but after a few months broke out again, and one for confluent small-pox, from which she completely recovered. On the first of June she was admitted a fifth time, for superficial ulcers of the legs and arms. These were gradually healing, and nothing remarkable was observed in the patient till the 16th of July, when she was attacked with hiccup, nausea, and retching, which recurred almost every day for several hours, during a period of nearly two months. On the 18th, a considerable quantity of a yellowish limpid serum was observed to exude from the middle of the forehead, which, on the following day, was covered with very small superficial ulcers; these healed by the 23rd, and at the same time the serous exudations ceased. After a few days, however, the latter recurred, and was observed to run a similar course successively on the alæ of the nose, the cheeks, the chin, lower part of the neck, the left breast, epigastrium, hypogastrium, and the middle of the thighs and legs. In some places no trace remained, in others the skin was left brown, rough, and scaly. About the middle of July, the attacks of retching began to be attended with violent pricking, and burning pain of the stomach; it lasted about four hours, and induced great exhaustion; nothing, however, was rejected by vomiting until the 12th of August, when, after violent retching for two hours, the patient threw out a large quantity of a watery liquid containing a great number of the eggs of the common gnat, a quantity of a blackish, flocculent, fetid, animal substance, and, what was most remarkable, an immense quantity of small larvæ, which swam about with great activity. *The quantity of this fluid, rejected on the 12th and three following days, amounted to seventy-nine pints!* On the 16th, there was an intermission, on the 17th the vomiting returned, and then ceased for eight days, but in the evenings the patient was attacked with general convulsions, rigidity of the extremities, and violent lacerating pain at the epigastric region; the whole fit sometimes lasted for several hours, and during it she generally made a noise like the barking of a dog. On the 24th, the vomiting again returned, and continued daily till the 12th of September, when the cause of it was at last found out. The patient had been observed to go frequently to the water-closet, and, being watched, was discovered to drink copiously from a large cistern of dirty water, which was kept there for the purpose of washing down the pipes, and into which filth of various kinds was frequently thrown. Being now closely interrogated, she, with some difficulty, confessed that she had been in the habit of drinking this disgusting liquid daily since the middle of July, and that the flavour of it was so agreeable to her taste, that she could not abstain from it, though aware that it was the cause of her sufferings. She was, therefore, shut up and closely watched, and in a short time all the symptoms disappeared. It is very remarkable, that during the whole course of this singular affection, the appetite (except during the fits of retching and vomiting) was quite voracious; there was no emaciation, and the menstrual functions continued to be quite regular.—*Extract from the Journ. Complen.*

PUERPERAL MANIA.

Professor Berndt, of the University of Griefswalde, has lately recommended in this disease the use of camphor in large doses, from which he has found such a decided benefit after many fruitless attempts to combat the disease by antiphlogistics, æther, stimulants, &c., as to induce him to consider it as a real specific in puerperal mania,

which disease, according to him, is always accompanied by a morbid excitation of the genital system. The following cases will, we trust, be read with interest.

Case 1.—Madame K. ætat. 32, of a robust constitution, and in the habitual enjoyment of good health, experienced, on the ninth day after the delivery of her sixth child, a violent mental emotion, which was, on the same day, followed by fever and restlessness during the ensuing night. On the 10th day, Professor Berndt found her in a state of excitement, but in other respects not affected; the secretion of milk and the lochial discharge went on as regularly as before; the bowels were rather costive. She was ordered to have a glyster, and to take an emulsion of poppy seed with the sulphate of potass and laurel water. The following night she was again very restless; the bowels had been freely moved by the glyster. On the morning of the eleventh day, the patient evinced, for the first time, a confusion of ideas, and an extraordinary violence in her language and gesticulations; her features were altered, with a wild expression; the pulse was not feverish nor the face red; the temperature of the skin was natural; and the lochial flux and secretion of milk were undisturbed; towards the evening the mental derangement increased, she used the grossest and most libidinous language, spat about, tore the bed-clothes, &c. The application of fifteen leeches to the temples, sinapisms to the legs, and the use of a saline draught, produced no change whatever. After a consultation with another physician, the application of leeches was on the following day repeated; the head was shaved, and kept cold with ice and the shower-bath; an irritating glyster was injected, and tartarised antimony given in large doses. These remedies were not followed by any amelioration, and the patient became so furious as to require the application of the strait-waistcoat; the delirium was throughout characterised by ideas relating to the genital functions; the countenance was pale and collapsed, the mouth was constantly covered with foam, the temperature of the skin perfectly natural, the pulse frequent, small, and contracted; the use of opium and musk appeared to produce a slight amendment, which however proved transitory, and the patient died on the sixth day of the disease.

Case 2.—Madame G., ætat. 26, of dark complexion and a phlethoric habit, was, on the 9th day after the birth of her first child, without any assignable cause, observed to be in a state of agitation, to which, on the following day, a peculiar violence of manner and incoherence in her ideas acceded. In the course of the day the derangement of mind became fully developed; she began to ill-treat her child, and to talk in the most libidinous and abusive manner, which was the more extraordinary as she was a person of very mild temper. M. Berndt, who saw her on the eleventh day after the birth of her child, found her extremely agitated and very talkative; her countenance was greatly altered, the face red, and the eyes rolling from one side to the other. She suddenly started up, and broke out in invectives against M. Berndt, saying that he was a faithless lover, etc. There was no fever; the pulse was rather contracted, but not frequent; the temperature of the skin was natural; the secretion of milk was, however, somewhat lessened; the lochial flux had almost ceased; the bowels had been costive for the last three days; the colour of the face was observed to change frequently from pale to red; sometimes the patient appeared to sleep for a few minutes, but then suddenly started up and began to behave with the greatest violence. The application of twenty leeches and of cold, in some degree lessened the congestion towards the head, but did not in other respects produce any change. As M. Berndt had, in a great number of similar cases, derived no benefit either from antiphlogistic or narcotic remedies, and as moreover the excitation of the genital system appeared to him to be one of the most prevalent features of the disease, he determined upon trying the effect of camphor, and as it was impossible to administer any thing internally, he ordered ten grains of it to be injected into the rectum, and this dose to be repeated after an hour. About six hours after the application of the second glyster the patient became more tranquil, so that it was possible to give the camphor internally, and four grains were administered every two hours. From this period the extreme agitation of the patient gradually but visibly subsided, and after the administration of eighty-eight grains of camphor, she had almost completely recovered from the mental disorder, and nothing but extreme debility remained, with a slight affection of the head, which, however, after a few days also disappeared.

Case 3.—Madame D., ætat. 23, of a good constitution, and very mild temper, felt, on the sixth day after her first accouchment, slightly indisposed, and had some pain in the left breast; during the night of the seventh, she was very restless; and, on the following morning, exhibited the first symptoms of decided puerperal mania; she was extremely agitated, talked much and incoherently, wanted to get up and dress, sat up in her bed in the most libidinous postures, &c. In the afternoon, she told her husband, who was rather an old man, that she did not want him any more, because she

had other lovers; and when M. Berndt came to see her, she made him a formal declaration of love, &c. There was no symptom of fulness in the head, nor any fever; the pulse was contracted, and not frequent; the temperature of the skin, the secretion of milk and lochial discharge were natural; a small tumour had formed on the left breast, which was, however, not tender on pressure; but she complained of pain in the sacral region, where a furuncle was found to have formed; the bowels were rather costive. Six leeches to the left breast, and the internal use of calomel and camphor, produced a very marked alteration after twenty-four hours. From this time she took a nitrous emulsion, with camphor, and had poultices applied to the breast and the furuncle, which were soon brought to suppurate. On the sixth day of the disease, the mental excitement had completely subsided.

Case 4.—Madame G., ætat. 31, of a robust constitution, and very lively temper, was on the 11th day after the birth of her second child, in consequence of a violent altercation, observed to show an extraordinary agitation, with restlessness and very disturbed dreams at night; in this state she had continued for several days, when she was seen by Professor Berndt, who found her in the following state:—The face was red; the features altered; the eyes staring, or rolling from one side to the other; the mouth was covered with foam; she was in furious delirium, and almost unmanageable, throwing herself from one side to the other, spitting about, scratching the wall with her nails, and using the grossest and most impudent language; her rambling constantly related to a faithless lover, etc. There was no symptom of fever; the pulse was spasmodically contracted; she had a voracious appetite, and great thirst; the bowels were rather costive; twenty leeches were applied to the head, and a glyster, with ten grains of camphor, was administered, and, as on the following day, the delirium was still increased, repeated three times. At the same time leeches were applied to the inside of the thighs, and three grains of camphor given every hour. This was, after twelve hours, followed by a decided amelioration; the patient had almost recovered her senses; she still complained of confusion of her ideas, and great oppression, but exhibited no trace of nymphomania. The use of the camphor was continued, but in smaller doses, and within a few days she was completely restored.

The following are the conclusions to which Professor Berndt has been led by his experience on the disease in question.

1. Puerperal mania is very closely connected with a morbid erethism of the genital system.

2. It is not an inflammatory disease, though frequently complicated with a vascular irritation of the brain; it must accordingly be distinguished from encephalitis, under which form puerperal fever is frequently observed. The absence of febrile symptoms, and the sudden appearance of the nervous and mental excitement, are characteristics in puerperal mania. The simple antiphlogistic treatment is in the latter of no benefit, but mostly injurious.

3. The use of camphor in large doses is the most efficacious remedy in puerperal mania; the application of leeches to the head and inside of the thighs, are, however, indispensable in cases complicated with congestion, and in plethoric constitutions. The application of ice and cold affusions appears, as well as narcotics, to be of no benefit. Aperients are useful, but only as secondary means.

WESTMINSTER MEDICAL SOCIETY.

Saturday, December 19th, 1829.

TRAUMATIC DELIRIUM.
DROPSY—POLYPI OF THE HEART.

A paper was read by Mr. Smith on Traumatic Delirium. It was drawn up with accuracy and neatness, but did not contain any thing new, either in the history, pathology, or treatment of the disease. To the two latter points, the author more particularly drew the attention of the members, but the subject elicited a few tardy and unimportant observations only. Mr. Smith deprecated blood-letting, and recommended attention to be directed more particularly to a judicious regulation of diet, and the exhibition of narcotics and general diffusable stimuli, such as ammonia, brandy, and turpentine.

To wile away the time, Dr. Gregory related a case of general anasarca, the morbid appearances of which had either afforded fair ground for the mystification of the examiners, or had thrown a new light on the formation of polypi in the heart. Nothing could be found after death to account for the dropsy, but some "polypous concretions," which Dr. Gregory said, were found "*firmly* attached to the inner membrane of the heart," and if it could be ascribed to these, then depositions of this nature were capable of being produced during life, and not at the moment of, or immediately after death, as pathologists generally believed them to be.

The case was shortly this: A young woman, 23 years of age, became the subject of

general anasarca, in April or May last, without having suffered from previous ill health. Nothing was done until September, when she was put on a severe course of mercury, and lost 14 ounces of blood, which had just buff enough to swear by, but without any relief. The dropsy, indeed, increased more rapidly, especially in the legs, arms, and back. No treatment whatever availed, and the woman died. On examination, 38 hours after death, the doctor said, he expected to trace the disease to the state of the right side of the heart, and his expectations, as he thought, were realised. The whole of the great viscera of the body were sound; the liver a trifle larger than general; the kidneys sound; the lungs sound, but œdematous; there was nothing out of order but the heart, but there, with a pericardium rather small, in the right ventricle and auricle were found "polypous concretions, in consistency and composition, very similar to the white portions of Indian rubber, and firmly and closely attached to the sides of the heart." There was not a trace of any similar coagulation in the left ventricle. Were not these "polypi" formed during life, and were they sufficient to account for the dropsy? The doctor thought, that the failure of the remedies to reach, especially such a cause as this, the absence of depositions in the left ventricle and auricle, and the firm attachment of the concretions, were proofs of the positions he had taken up.

Without any effort, however, to account for the dropsy, assent was refused to these views on the ground that the "polypous concretions" must have been *post-mortem* formations, and must have wanted the firm connexion to the heart, which, to constitute true polypi, and make the doctor's positions secure, they ought to have had.

But Dr. Gregory kept to his averments, that they bore the appearance of white Indian rubber, being evidently a deposition of the coagulable portion of the blood, and *closely attached* to the sides of the heart, and he wavered not from his impression that they had produced an enlargement of the cavæ, and occasioned the difficult transmission of the blood, to which the dropsy was owing.

In the course of the debate, Mr. White said, he had cured several cases of dropsy by friction over the abdomen, with flour, employed two or three times a-day, for about ten days, an hour each day, on the principle of exciting the absorbents, and he recommended the remedy.

There will be no meeting again until January 9th. The holidays appeared, from the attendance, to have commenced this evening.

LONDON MEDICAL SOCIETY.

CASE OF HYDROPHOBIA.

Mr. Jackson, by whom it was communicated, said, it would serve to show how little was known of the nature of that disease, and the inefficiency of powerful medicine to arrest its progress. Edward Lovey, 28 years of age, a sawyer, residing at Rotherhithe, of a robust and healthy frame, was severely bitten in the thick part of his right thumb by his own dog, in the end of June, 1828. The dog, having bit two other persons in the thigh on the same day, was at once destroyed, though without suspicion that it was rabid. Neither caustic, nor excision, nor medical treatment, was employed in the present case, but the wound soon healed favourably. On the 3rd of December last, nearly 18 months after the infliction of the wound, as he was taking his lunch, about 11 a. m. he was, for the first time, to his surprise, unable to drink, and the thought of doing so produced uneasy sensations in the neck and throat. At dinner, the symptoms were the same; he could eat, though very sick. He continued at work until four p. m., when he was compelled to resign. His wife had noticed that he had been unwell for about a month previously; he had experienced chilliness, irritability, frequent startings and mutterings in his sleep, and dull headach, indicating fever, and for the last week he had complained of what he thought rheumatic pain in the bitten thumb and wrist, which gradually extended along the arm to the elbow, and from thence to the shoulder and breast. The symptoms increasing, Mr. Jackson was called in, about eight in the evening; he found the patient sitting up in bed, in a state of profuse perspiration, the pupils of the eyes dilated, with a maniacal terror of countenance, and sobbing with a convulsive motion of the muscles of the neck; pulse 80, full and strong; tongue milky white; no thirst; no pain; unable to swallow, and greatly distressed at the sight or thought of fluids. He said he should be well if he could stop the sobbing. The corner of a napkin, dipped in cold water, was applied to his forehead, when he sunk back in great agitation, saying it would kill him. Endeavouring to swallow a little warm tea, the spasms became excessive, and on Mr. Jackson's gently fanning his face with a handkerchief, he dashed it away as unbearable. In this state he was bled to faintness, from 36 to 40 ounces being taken, and a decided impression made on the pulse. Mr. Jackson then ordered one scruple comp. ext. colocynth and ten grains of calomel, in pills, and a blister to the chest. About eleven the same evening, he again saw him; the pills

had operated fairly three times, the sobbings, as he called them, were a little relieved, and he could lie down; but the thought of swallowing any thing aggravated them. His fingers being cold Mr. Jackson accidentally applied them to his forehead, when the man started up with a convulsive effort and great increase of spasms. He ordered him one grain calomel, one grain ipecacuanha, and one grain of belladonna, every hour. The nature of his malady was not made known to him lest his sufferings should be increased, and he believed throughout that he was labouring under "cold upon cold," as he expressed it. He passed that night without rest, and at seven in the morning the symptoms were aggravated; the least breath of air, the mention or sound of liquids, the touch of any thing with the least sensation of coldness, the slightest opening of the window produced indescribably distressing symptoms. Mr. Jackson again opened the same vein and bled him to 20 ounces, when he became faint; the medicines were continued. The bandage slipping shortly after, he was allowed to bleed 8 ounces more, as the loss appeared to relieve him. But in the course of the day the symptoms increased. In the evening Mr. Field and Mr. Brown, friends of Mr. Jackson, also visited him; at the request of Mr. Field he was induced to swallow a teaspoonful of warm tea, immediately dashing the cup to the foot of the bed. He was then again bled to about 16 ounces, and four grains of the superacetate of lead in pills were given him to be taken every hour. His struggles again displacing the bandages, about ten ounces more blood were lost. By nine o'clock it was evident he could not survive long; his pulse, which had never before exceeded 80, was now 140; he said he was suffocating, was full of cold water, the apartment was too small to contain him; he begged his attendants to press upon his throat; four men were necessary to keep him in bed, and there was considerable emphysema of the face, neck, and chest. On visiting him at 11 the convulsions having continued as before, he sunk back in one of them, and had then just expired, 36 hours only having passed from the first attack. He was perfectly sensible to the last moment, and complained of nothing throughout the malady but his sobbings, and the fear of liquids, air, and cold substances. *The post-mortem examination*, 30 hours after death, by Mr. Jackson, Mr. Pilcher, and Mr. Field, afforded the following appearances. The face, neck, and thorax, generally, were emphysematous. The cicatrix of the bite presented nothing unusual; the tooth had penetrated the muscle, and left a cartilaginous union. The body being opened from the chin to the pubis, the external thyroidal and external jugular veins were distended with air, as was also the internal jugular on the right side; the left was distended with blood. The tongue swollen and pushed forward on the teeth, the papillæ on its surface large, but the vesicles asserted to exist under the tongue in this disease were not found. Anterior surface of the epiglottis natural, but the larynx and trachea highly inflamed, and nearly of a liver colour. This inflammation extended to the bronchiæ, but, from the bifurcation downwards, the inflammation became of a fainter shade, so that at the extreme bronchiæ no discoloration was visible. The bronchiæ filled, to a great extent, with a muco-sanguineous fluid; the whole of the lungs, the cellular membrane in the anterior mediastinum, and beneath the pleura costalis, greatly loaded with blood and emphysematous. The heart flaccid and natural in appearance, but the cellular membrane at its upper part distended with air. No blood in any of its cavities; the semilunar valves congealed; the aorta slightly inflamed. The mucous membrane of the pharynx slightly inflamed; but the œsophagus healthy, excepting at the cardiac orifice, where a slight redness existed. The stomach greatly distended with air, and containing about two ounces of a dark-coloured fluid; its inner surface corrugated, and clouded with patches of inflammation on its upper surface. The intestines very tympanitic, the smaller having a slight inflammatory blush, with the veins highly congested; the other abdominal viscera in a natural state. The brain remarkably healthy, the veins and sinuses containing a mixture of air with the blood; the base free from the least trace of disease; no unusual quantity of food in the ventricles. The thalami nerv. optic. presented none whatever of the roseate hue described as appertaining to them in this disease by Mr. Key. The spinal chord was examined as low as the lumbar vertebræ, by sawing down on each side of the spinous processes. The theca natural and healthy to the first dorsal vertebræ, where it was inflamed to the lumbar vertebræ, the redness, however, shading fainter as it approached these bones.

This case was regarded as one of great interest, from the period of time which had elapsed between the bite of the dog, and the effects ostensibly produced by the hydrophobic poison, being the longest with which the members could remember having met. In discussing the treatment of the dreadful malady, a variety of medicines was mentioned, which had received or were deserving of trial. Belladonna as a counter-irritant, and from its production of a dryness about the throat, the chief seat of spasm in hydrophobia, was considered as one of the *most* probable; mercury, which produced effects very similar to those of syphilis and

belladonna, which threw out an eruption like scarlatina, were both of them remedies in these several diseases. Mercury, to a great extent, was also suggested, and a case was mentioned as having occurred in India, in which of four men, one, who was at an *early* period rubbed all over with it, and took it internally with belladonna, recovered, while the others died. Breira was said to have given it with belladonna in immense doses (seven grains), by enema, friction, and the mouth. Opium, and the tobacco glyster, were suggested, from their occasional effects in tetanus, as likely to take effect in hydrophobia. So also were, strychnine, morphium, turpentine, and the acetate of lead, of which latter, however, a case was mentioned, in which it was given to the fairest extent without success; and, in the case of Mr. Jackson, the unavailing effects of bleeding were fully demonstrated, the patient having lost, Mr. Jackson said, from 80 to 100 ounces.

Of successful cases, the case related by Dr. Fayerman, of Norwich, in THE LANCET, No. 2, Vol. VI., treated by subacetate of lead, was referred to as almost the only one on record, though the cases in which Breira had employed the oxymuriate of mercury and belladonna were stated to have recovered. Some remarks were also made on the risk which was run in exhibiting great doses of any medicine for the cure of hydrophobia, the patient undergoing the liability to be poisoned by the action of the remedies which were given to cure the original disease; a grain of belladonna every hour for ten hours, it was observed, would destroy life; though, in opposition to this, Breira's case was quoted, in which the only unsought effect of great doses was enlargement of the pupils. Mr. Dendy said, a case illustrative of this point occurred to him some years since. He had, as he believed, perfectly cured a case of hydrophobia, by the exhibition of great doses of turpentine, when the patient, a boy, while out of doors, was suddenly seized with the vertigo which turpentine was liable to produce, and expired. The dread of such effects as these was regarded, however, as of very little importance. The only other point in which the personal experience of the speaker was quoted was that of excision. Mr. Lloyd said that, in all the very numerous cases in which he had cut out the bitten part at St. Bartholomew's, he had never known an instance of hydrophobia subsequently recurring. On the other hand, the testimony of Mr. Youatt, the veterinary surgeon, was referred to in favour of the caustic, as the only provision deserving of confidence; and here the mysterious and perplexing subject closed.

December 21st.

ANEURISM OF THE RENAL ARTERY.

THE minutes of the last meeting having been read, the case of fatal hæmorrhage from the renal artery, read by Mr. Gossett, and reported at page 388, was again referred to by

Dr. BLICKE, who disputed that it was a case of aneurism. Being anxious that his object in again introducing his opinions on the subject should not be mistaken, he thought it right to say that the statement he was about to make, arose purely from a love of science, and he trusted that his animadversions on the facts of the case, would be interpreted in no other light. He begged, first, to recall to the president's recollection the views he had expressed on it, when the preparation was exhibited in a glass at the Society. He, Dr. Blicke, had stated that the case was one of simple rupture of the artery, and not of aneurism. The president had replied that he had dissected the morbid parts, and that he could assure him it was a case of aneurism. To such an authority as this he had immediately bowed, having, however, been able to make but an imperfect examination of the preparation. But since that occasion he had obtained a more deliberate inspection, and had now no hesitation in giving it as his decided opinion, that it was neither a case of genuine, nor of spurious, aneurism. He had been informed previously, that the opinions of Sir Astley Cooper and Dr. Hodgkin were against him. But, from the weight of the authority of these gentlemen which he had felt, he was now relieved by their denial, on his (Dr. Blicke's) applying to them, that they had given any opinion on the case. Thus strengthened, he contended that it was not a case of aneurism; 1st, Because the artery was completely isolated, no part of the supposed sac being attached, which, to constitute it aneurism, must necessarily have been the case; 2dly, Because the jagged edges of the ruptured artery were all distinctly seen, and, apparently, corresponded with each other, like the cogs of a wheel, which, if the artery had been a sufficient length of time to have formed spurious aneurism, would not have been the case; for then coagulable lymph would have been thrown out, and the jagged edges would have been merged in the sac formed by the condensed cellular substance; 3dly, Because the clot of blood said to have been found in the aneurismal sac, and now stitched to the preparation, presented nothing like an appearance of organisation, but resembled a clot of blood taken from a blooding-basin; to this fact he had especially called the attention of Dr. Hodgkin, after examining the preparation by a powerful lens; 4thly, Be-

cause the clot could not have been so easily displaced, had it been the coagulum of an aneurism; and, lastly, Because he believed that the artery was labouring under a distinct disease of its coats, which was known to Haller, the seat and characters of which were well described in his *Opuscula Pathologica*. This description Dr. Blicke quoted at length in proof, and concluded by remarking, that this was a further corroboration of the pathology he entertained on the disease, inasmuch as the more ancient authors had been quoted by Dr. Hodgson, to show that this disease depended on an acrimonious state of the fluids of the *primæ viæ*.

Mr. Gossett complained of the remarks of Dr. Blicke. Dr. Blicke had charged him with a wilful perversion of the facts of the case, which he denied he had made, and considered unwarranted. He (Mr. Gossett) appealed to the President, whether he (the President) had not told him that Sir Astley Cooper had given it as his opinion, that it was a case of aneurism, and asked Dr. Blicke, whether Dr. Hodgkin had not told him (Mr. Gossett) that it was an aneurism, and whether Dr. Hodgkin had not inquired of Dr. Blicke, what the case could possibly be, if it was not one of aneurism. Dr. Blicke might revert to the case every evening throughout the session, without altering his (Mr. Gossett's) opinions, or those of any other person. The case, as a case of aneurism, rested on the opinions of professional men of high reputation, and the probability was, that the judgment of such men would obtain the most credit. If Dr. Hodgkin believed that it was not a case of aneurism, it was very culpable of him to put it up in the museum of Guy's Hospital as a case of renal aneurism. This sufficiently showed the opinion of Dr. H. on the subject. Mr. Gossett observed in conclusion, that he had not himself dissected, nor been present at the dissection, but that it had been conducted by his friend the President.

The President corrected the impression on Mr. Gossett's mind, that he (Mr. Callaway) had told him Sir Astley Cooper had given his opinion, that it was a case of aneurism. He had not so informed him. Dr. Hodgkin, however, had in the most unqualified manner, asserted that it was aneurism. He certainly had not observed the disease pointed out by Dr. Blicke, and he could not ascribe to it the same effects. He was convinced, therefore, that the Doctor entertained erroneous views on the subject. With regard to the clot of blood, which the observations of Dr. Blicke went to imply had not been taken out of the artery, he trusted it would be sufficient for him to declare that it had.

Dr. Blicke disclaimed all personalities, and attempts to deteriorate the value of the case. His object was solely scientific. Dr. Hodgkin had certainly made to him the remark alluded to, but he did not think Mr. Gossett was warranted in coming to any positive conclusions from that. He thought the President might easily be mistaken, because Dr. Hodgkin had said to him, that he could not commit himself either way, not having put up the preparation. He (Dr. Blicke) was surprised no allusion had been made to the erithematous structure by the President, for it was very apparent; some of the depositions being large, and the artery studded with various small ones. He did not for a moment mean to insinuate, that the clot of blood had not been found in the artery; he had only adverted to it to show, that if it were so easily displaced, it could not have been the coagulable deposit of an aneurism, and because he had called the special attention of Dr. Hodgkin to its want of organisation. After all, however, whether it was aneurism or not, which was not the original question, and, therefore, of less moment to him; the pathology of the case was not altered, and he had persevered the more strenuously in supporting his views on this head, because he considered very uncourteous conduct had been observed towards him, and he had been called upon to show, that it was not upon trifling grounds he had expressed his opinions.

The President said, the preparations should be again brought to the Society to set the question at rest.

Two cases of puerperal fever were related at a very late hour, and the discussion was postponed to the meetings after the vacation, which closes January 11th.

DECOCTION OF LINSEED AS A REMEDY IN GOUT.

To the Editor of The Lancet.

Sir,—I have lately met with a treatise in Italian on the subject of the gout, by Rinaldo Carli, published by him at Milan, in the year 1790, and afterwards republished by order of the Academy of Udine, for the relief of suffering humanity at Venice, in 1795, the substance of which I send you for publication in The Lancet, if you think fit to accept it. I use no words but his, and therefore am not responsible for them; he says,

"After thinking much on the gout, I cast my eye on those gouty substances (*tofft*) which, in the extreme stage of the gout, appear in nodes on the fingers, feet, and hands, and these are only a concretion of

phlegm, a little oleaginous matter, and of sal volatile alcalinised, as precisely are the calculi, the stones, and the gravel, and the bones themselves; Perseus, therefore, very appropriately gives the gout the attribute of stony,

- - - - 'sed cum lapidosa chiragra
Frigerit articulos.' PER.

"This calcareous mass is not the occasion of the gout, but the effect of it; and it was in a state of mixture with the blood. I inquired from books, and from learned physicians yet living, what could be the evil menstruum that separated the calcareous matter from the blood, and consequently occasioned the gout, but I found no one who could demonstrate it to me. I took myself, then, to the examination of the great and first master Hippocrates, and, at last, in the treatise *De Affectionibus*, I found that when the bile conjoined with the phlegm is united with the blood, it becomes corrupted, and occasions tertian and quartan fevers; that deposits made in the veins, form *calculi*; stone thence proceeding to the limbs forms *artridida*, or articular disease, and to the feet, *podagra*, or gout." I awoke, then, as from a lethargy, and I did not delay to perceive, that all those who are attacked by this disease, particularly in the access of it, have open signs of yellow jaundice and of bile; this, then, is the reason for which the acids and the sub-acids are found in some sort useful, and for which those who live on vegetables, onions, and salads, as mariners and peasants of Genoa and Calabria, are not subject to, or at least rarely have the gout. I then, meditating upon the origin of the gout, wished to find the most innocent manner whereby to prevent the admixture of bile and phlegm with the gout, in endeavouring to mitigate it, and carry it into the intestines, on what method, and on what specific, could be the most opportune, I thought long, without being able to find one; at last I determined to consider the effects of the remedies by me particularly used in maladies arising from bile, without confusing myself with their analysis, nor in the examination of the method in which they operate and act in our bodies, i. e. in hepatic and mesenteric maladies; holding, then, a firm and unshaken opinion, that in gout one ought to use neither irritants nor solvents, the safest method appeared to diminish the immission (*la immissione*) and mixture of the bile with the blood, and with that might be hindered, at least moderated, the separation of the calcareous produce of the calculi, the stone, and the gout; and the best of all the remedies has been an emulsion of linseed; I have applied myself to that, and thus I use it:—Every morning fasting, I take the decoction; an ounce of linseed broken a little in a mortar, is boiled in water, it is passed through a linen cloth, and is drunk warm or tepid; this is the only remedy which I use, and to which I am indebted for not suffering any longer from the gout. I have taught it to others, and all have had good success with it, the counsellor, Count Marco Greppi, among others, subject to the disease three or four times a year; and from the use of it, I have not suffered for five years. A similar effect has been seen in others in Milan, in Venice, in Genoa. It is necessary, besides the decoction, to keep the body obedient, (*tenere il corpo obediente*). When I have omitted the decoction for some time, I have substituted for a month, a little dose of bark, as a tonic, taken every morning fasting, and then I return to the decoction of linseed. I take no other care, and have no reservation in my food, nor in my manner of living.—*Milan*, 3*d Nov.* 1790."

I have taken this medicine for three months, and have been free from gout, from headache, and cramp, and from dry hot feet in bed, and I never before, for many years, have been free from these symptoms at any time, but particularly at this time of year. I am now 58 years old. I can find nothing in favour of the decoction in Gerard's Herbal, or Miller's Gardener's Dictionary, except that the mucilaginous infusion is an excellent pectoral.

The Ency. Brittanic. says, it is good in stone, gravel, and nephritic complaints in the veins.

"*Rules for the Health of the Aged*," page 221, says, "Linseed is good in decoction, mixed with ten drops of liquid carbonate of potash to a pint of linseed tea, for destroying gravel when the calculi are composed of uni-acid."

I have asked several practical chemists, but they can give me no account of its virtues. One medical man informed me that he had found the decoction give immediate relief in strangury.

I am, Sir, yours, &c.

W. D.

December 16, 1829.

The writer of this hopes that the above translation of a part of Cæli's book, may induce some person to communicate any of the medical virtues of linseed that his experience may suggest.

[Our correspondent is a country gentleman of the highest respectability, and has, to our knowledge, earned a dear experience on the subject of his communication. Perhaps some one of our readers can afford us information on the remedial agent referred to.—Ed. L.]

THE LANCET.

London, Saturday, December 26, 1829.

From an advertisement which is inserted upon the wrapper, it appears that the persecuted sellers and dispensers of medicines, are about to adopt for the removal of their grievances, the measures recommended in No. 328 of The Lancet. A petition, praying for the repeal of the existing "Medicine Stamp Act," is to be read, for approval, at a general meeting of the trade. The promptitude thus displayed by those who are seeking to obtain redress for their wrongs, augurs well for the success of their cause. Activity is the soul of reform, and complaints are always uttered with the greatest effect, when the aggrieved have not long suffered the debasement of quiescent submission. The demand for redress, should ever be the echo of violated right. If men will tamely prostrate themselves at the feet of Jack Puddings in office, they can expect nothing less than to be trampled upon. The Medicine Stamp Act, as we have already shown, is an instrument of so reprehensible a character, that it ought not to exist, even for an hour, as part of the law of any civilised country. Leaving out of sight the terrible powers, which it gives to the Commissioners of Stamps, it is stupid, actually stupid, even by comparison with other Acts of Parliament. Chaff and sand in a whirlwind, are about as remarkable for order and arrangement, as are the words and ideas to be found in this Act. Yet such a document as this has received the sanction of the two Houses of Parliament, where there are men who are paid thousands and thousands annually, for taking care of our interests, and for conducting the nation's affairs with ability. Ability and care! Why the business of Parliament is the most slovenly conducted of any in the kingdom. The members, indeed, do not attempt to manage it until that period of the day, or rather that period of the night, has arrived, when they feel themselves incompetent to manage any thing else. After a sumptuous dinner, or after a lunch-dinner, when the brain is gorged with blood, and depressed with the fumes of noxious wines and spirits, the members, in this lamentable state of incapacity, pass acts of parliament for the "benefit of the people." From the manner in which the duties of legislation are discharged, it would appear that *thought* is not an attribute necessary to their fulfilment. Let us not, however, confound the duty with the manner in which it is executed. The task is easy enough; but that is not the question. Is it well performed? A negative answer is to be found in hundreds of acts of parliament. The fact is unknown to us, but there is, probably, an Act which requires that all other Acts of parliament shall be drawn in a way not to be understood by the mass of the people; in a way that no two advocates shall agree in opinion upon their provisions; in away that every judge may put any construction upon them which he may think fit, without responsibility. If there be such an Act, it has been religiously observed. There are few clerks, employed at a guinea a week, who would not, if left to their unconstrained judgment, frame far better "Bills" than those which, every session, receive the sanction of parliament. What was the "*meaning* of the Legislature in passing this Act?"—What is the "*meaning* of the Act?" These are questions ever escaping from the lips of judges, counsellors, magistrates, mayors, lawyers, aldermen, and, in fact, every person at all connected with legal proceedings. Now we should like to be informed why there is greater difficulty in getting at the *meaning* of the words of an act of parliament, than at the *meaning* of the words of any other document. Is it not that acts of parliament are composed in a most careless, loose, vague, stupid manner,

and that in writing them, all the ordinary rules of literary composition are completely set at defiance? How seldom is it that there is a difference of opinion with regard to the meaning of any writer possessing the slightest claims to a knowledge of the English language! *We* feel no difficulty in making ourselves understood, even by such blockheads as Johnstone, Earle, and Macleod, and certainly we have no pretensions to superior intelligence, or unusual clearness of intellect.

Let us hope, then, that the compounders and sellers of medicine will prosecute their endeavours to obtain redress and protection, with spirit, firmness, zeal, and ability; and that they will not discontinue their labours until they have succeeded in obtaining an act of parliament, which shall protect them from unjust and groundless informations and prosecutions. We advise the apothecaries, chemists, and druggists, not to treat the question as one exclusively affecting themselves, because the weight of every tax falls upon the consumer; it is the consumer who pays the tax; the seller merely includes the tax in his charge. Nor is this all; for Mr. Joseph Timm would not hesitate to assert, that agreeably to the provisions of the second clause of the 'Medicine Stamp Act,' the *purchasers* of certain unstamped 'soda-powders,' &c., are liable to the penalties as well as the *sellers*. It is therefore a public question of very considerable importance, and cannot be too openly discussed.

THE FINCHLEY CASE.

The parties interested in this affair attended again at Bow-street on Tuesday last, when after some preliminary observations, Mr. Halls read the following from a paper drawn up by Sir R. Birnie and himself.

"After an attentive perusal of the various statements laid before us, with respect to the death of Mrs. Charlotte Phillips, it does not appear to us that the evidence is sufficient to enable us to disturb the verdict taken before the Coroner, and pronounced by a competent jury. "This," added the Magistrate, "being the decision we have come to, after having gone through the mass of papers which are now before us, we cannot entertain any other application on the subject." Mr. Phillips was in the office, and Mr. Snow, the highly respectable surgeon of Highgate, was ready, as he always has been, to vindicate the employé in his establishment from any charge of carelessness or neglect.

ST. GEORGE'S HOSPITAL.

We stated some time ago, that the Bats of Windmill Street were to take their flight from the owl's nest at the conclusion of the present course of lectures. What will become of these nondescripts we know not, for the governors of St. George's are strenuously opposing the erection of a school, as quite contrary to the spirit of a charitable institution. Mr. Brodie, however, inculcates the true Christian doctrine, that charity begins at home; and every art is using which an "eminent" mind can contrive, to cajole and persuade the governors to build a school at the expense of the charity. We trust that the public spirit and probity of the supporters of this institution, will prevent any improper use being made of its funds. The success of the London University has rendered the situation of these Bats most alarming, and they scarcely know where to find a "hole or corner" sufficiently dark for the performance of their dirty jobs.

Transactions of the Medical and Physical Society of Calcutta. Vol. III. 1827.

The contents of the third volume of these transactions are by no means inferior in importance to those of the preceding volumes; and although many of the papers relate especially to tropical diseases, they will, we

think, be read with interest in this country. The first essay is by Mr. Tytler on *diarrhœa hectica*, which he has thus denominated, from its long and constant duration, not from its having necessarily any connexion with hectic fever. It appears to bear some analogy to the bilious diarrhœa of Cullen and other writers, and has been hitherto very little noticed, though, according to Mr. Tytler, it is so fatal, that three-fourths of the deaths among the lower Hindoos are owing to it, either as a primary or secondary disease. "It seems indeed," he observes, "to be in some measure the substitute of phthisis, which is comparatively a rare disease in India." It occurs chiefly about the middle and end of the rainy season, and appears to be produced partly by the cold and wet, which the habits and dress of the poorer natives render them ill able to support, and partly by "the quantities of raw and indigestible vegetables which they are in the habit of eating and of giving to their children, as soon as they can chew."

The following are the usual symptoms:—

"A native, previously in apparent good health, is observed to appear languid, and unable to perform his usual labour. When questioned, he allows that he feels weak, but denies having any disease. On examination his pulse is found feeble, and a little accelerated, and at last he will state himself to have two watery stools in the course of the day, and two or three in the night. Shortly after this, his body begins to appear emaciated; the calves of his legs particularly fall away. The flesh, more especially about the wrists, has a peculiarly flabby and inelastic feel, as if the muscles had lost their tone, and the skin, like a loose bag, were too large to contain their diminished bulk: the cuticle peels off in patches, chiefly about the abdomen, fore-arms, and lower parts of the legs, so as to give the skin a faint mottled appearance. Collections of black sordes appear scattered up and down the body, which, with a little care, may be washed off, leaving the skin beneath of its usual colour, so as to induce a belief that they are the consequences of the neglect of cleanliness, produced by the languor always accompanying the malady. Nothing particular is observable in the perspiration, except perhaps its being more scanty than usual. In the course of the disease, the pulse generally becomes more natural; though low and weak, it is slow and regular. The tongue also is quite clean, rather more so indeed than usual, and generally continues so all through the complaint; but the appetite begins to be impaired, the patient leaves half his common quantity of food uneaten, and complains that what he eats will not digest."

The stools are generally a very copious semi-liquid, apparently consisting of two substances, the one greyish, the other of a bright yellow, and have a very peculiar fœtor. The patient goes on in this state for days, weeks, or months, becoming gradually emaciated to the most extreme degree, the alvine discharges continue to increase, and at last become involuntary, and after lying dosing and almost motionless for several days, he dies completely exhausted.

These symptoms, and the progress and duration of the disease, are of course subject to variation; sometimes it begins with fever, and is attended throughout with heat of skin, and occasionally it assumes an intermittent character; the stools may be mixed with blood, the abdomen tumid, and there may be general or partial œdema. Very little light is thrown upon it by dissection; the most common appearances are patches of redness of the intestinal mucous membrane, and enlargement of the mesenteric glands; no particular morbid change of the liver appears to be connected with the disease in question; but the author refers the appearance of the evacuations to a highly irregular action of this viscus, at one time over-excited, at another exceedingly languid and feeble. Various medicines have been tried, but none of them have seemed to produce any benefit except opium, which must be given to the extent of five or six grains a day, at least for the natives, to whom the disease is almost entirely confined, and who seem to bear much larger doses of this medicine than Europeans. It is of course necessary, at the same time, to remove the exciting causes, which, owing to the prejudices of the Hindoos, it is often very difficult to accomplish.

The second paper, by Mr. Ludlow, gives an account of a warm sulphureous spring at Sonah, thirty-five miles from Delhi; and the two following are on the *Medical Topography of Arracan*, and the fever which prevailed among the troops stationed there during the war; the one being by Mr. Burnard, the other by Mr. Stevenson. Both these gentlemen agree in attributing the disease to the miasmata, from the low

swampy ground of which that district is in a great measure composed, and deny that it depended on the badness of the provisions, as some have asserted. Mr. Stevenson, however, thinks that the exhalations from the luxuriant and crowded vegetation during the rains, were as injurious as those from the putrefying contents of the swamps, observing that the highest situations, where the jungle was thick, were equally unhealthy with the lowest. Indeed the whole district seems to be peculiarly fatal not only to man, but to all kinds of cattle, very few of which are to be seen there, though they abound in the southern parts of the country. The elephants, horses, sheep, and bullocks, which were brought thither, died in great numbers; and Mr. Burnard here observes, "Professor Coleman has stated that the horse is not the subject of fever, i. e. of a regular succession of cold, hot, and sweating stages. In Arracan, however, he certainly was, and it was a disease of great fatality; the mode in which it terminated, was usually by effusion in the chest."

The inhabitants themselves seem to be well aware of the unhealthiness of the country, and to obviate the effects of the exhalations as much as possible, build their houses on platforms elevated considerably above the ground (where there is no danger of inundation), and whenever it is in their power retire to the more mountainous districts during, and for a short time after, the rains. These circumstances must have been pretty well known from the first, yet very little care seems to have been taken either in the selection of the ground for, or the building of the cantonments for, the troops. "The lines," says Mr. Stevenson, "were not at all elevated; only the bamboo-framework on which the men slept, and these seldom so much as three feet. Independent of this, they were, in general, erected in low, damp, and ill-ventilated situations," &c. It is, therefore, by no means to be wondered at that, under such unfavourable circumstances, the endemic of the country should have made such ravages among them. The fever was either remittent or intermittent; generally the former. It was attended with great depression of spirits, and prostration of strength. In almost every instance, the head appeared to be particularly affected; and, in all the fatal cases, where an examination was made, there was great fulness of the vessels, and often effusion under the arachnoid, or in the ventricles; both liver and spleen, also, were always found enlarged, but not otherwise unhealthy, except from some previous disease. A bright-yellow tinge of the skin was observed in some cases, and nearly all of these proved fatal. Diarrhœa and dysentery were of frequent occurrence during the course of, or towards the termination of, the fever; and, in many cases, there were deep sloughing or burrowing ulcers, especially where blisters had been applied. So far the two accounts agree. Mr. Burnard, however, states that the lungs were rarely affected, at least in the cases which came under his care; while Mr. Stevenson asserts that "pain in the chest and difficult breathing were very frequent symptoms, and that, on inspection, the lungs were found always more or less diseased, even where there was no reason to expect it from any previous symptom."

Their method of treatment also, in some respects, differed; both employed early and copious bleeding, active purgatives, and such topical means as the symptoms indicated, but the one endeavoured afterwards to affect the system as speedily as possible with mercury, while the other entirely rejected this medicine, except as a purgative; and he observes, that besides several cases in which it appeared to destroy the patient, by the profuse salivation and extensive ulceration of the mouth, there were many others which he had seen, in which "it was directly injurious, by keeping up the febrile action." His objections are, however, directed not against calomel alone, but as combined with opium, the only form, it should seem, in which he had seen it employed in the disease in question, which appears rather strange, for such a practice is decidedly injudicious in almost every kind of fever, and Mr. Burnard scarcely ever alludes to it, only observing, that where there was great irritability of stomach he had occasionally substituted a small quantity of opium for the antimonial powder or camphor with which, by him, the calomel had been usually combined, a very different thing from the method of exhibiting it, which Mr. Stevenson alludes to.

Neither bark, nor the sulphate of quinine, appeared to be of much benefit, even where

the fever was decidedly intermittent. Mr. Burnard states, that the former "frequently produced much distress and sense of stricture about the breast, oppression of the stomach, and symptoms indicative of congestion in the chylopoietic viscera, &c." and M. Stevenson observes, in conclusion, that "bark, wine, and opium, are in general pernicious in this disease." Under any method of treatment, however, it proved very fatal, and relapses frequently occurred. From the medical returns for May, and the five following months, subjoined to Mr. Burnard's paper, we learn that the whole number of sick during that period, was, in the European corps, 2,685; in the native regiments, 10,668. In the former, whose strength was at first 1,479, the number of deaths was 325; in the latter, which were usually about 7,000 strong, they amounted to 910. The greatest number admitted into the hospital was in July, during which month there fell 59 inches of rain, and the greatest number of deaths in the following month.

Passing over a case of large sarcomatous tumour, successfully removed from the cheek of a native, we come to the account of "An epidemic malignant ulcer, or hospital gangrene," by Dr. Adam. This disease, which differed from true hospital gangrene, chiefly in attacking sound parts, as well as wounds and ulcers, beginning, in the former case, as a boil or pustule, and spreading rapidly, occurred in a body of troops stationed at Hussingabad, on the banks of the river Nurbudda, in a woody, uncultivated country, exposed to moist and cold winds. It began just after the rainy season, and at the change of the monsoon, and attacked only two battalions, the remaining three, which were rather more sheltered from the wind, having entirely escaped; with one exception also the natives only were affected. The number of those attacked is not stated, but it must have been pretty considerable, for, in the artillery hospital, there was, at one period, "no sore that did not exhibit the gangrenous character." Not a single patient, however, died, though, from the great depth and extent of the sores, recovery was in many instances very slow. The general symptoms and progress of the disease corresponded entirely with those observed in Europe, and need not, therefore, be described here; but the method of treatment found most efficacious, was one which had probably never been used before, and which might have been expected to produce quite a contrary effect. After removing the patients for some distance to a dryer situation, and employing bark, opium, nitric acid, &c. internally, and a great variety of topical applications, with scarcely any benefit, and being unable to procure a further supply of arsenic, which had, in one case, been very terefical, Dr. Adam was induced to try the effect of mercury.

"I resolved," says he, "at all events to make a trial of this medicine, satisfied that my patients could not be reduced to a worse state than they now were; while in so 'desperate' a disease, even the most doubtful 'appliance' might justifiably be resorted to. I accordingly commenced giving calomel in the dose of ten grains, and half a grain of opium, three times a day, and continued it till the mouth became sensibly affected, which I think generally happened between the third and fourth day. I need not add how gratified I was to find, that from the moment this occurrence took place, all the symptoms abated. The patients, for the first time, expressed the relief they experienced from pain and general febrile irritation; and almost immediately the sloughing ceased, and was succeeded by a line of healthy granulations. The change, in some of the cases, was most rapid and striking, and in almost all so marked as to leave no doubt in my mind of its having been brought about by the curative powers of the remedy; and I congratulated myself, that by its means I was at length enabled, successfully, to contend with the disease. The turpentine dressings were continued as a local application after the favourable alteration occurred; and, in a short space of time, the whole of the sloughs were cast off, and the sores reduced to the state of a simple healthy ulcer."

In no instance was the ptyalism severe, and the patients all recovered without the use of any other medicine than a weak tonic infusion.

We have next an account of a nearly similar, but much more destructive epidemy, which attacked the 65th Native Infantry, in Prince of Wales's Island, and is described by Mr. Leslie, surgeon to that regiment. During the months of September, October, and November, the soldiers were much affected with simple ulcers of the legs; but, "in

December, the greater number of these cases, now amounting to ninety, assumed a gangrenous appearance, and, as fresh cases were continually occurring," it was thought best to remove those affected with them to another situation; and, "at the end of January, one hundred cases of ulcers were removed to two spacious temporary buildings erected for the purpose on the summit of one of the hills." A slight improvement was produced by this measure, but the disease, in most cases, continued its destructive course, and it was not till the middle of April, and after the death of forty patients, that the remaining sores lost their sloughing and gangrenous character. The history of the disease differs somewhat from that described by Dr. Adam; the ulcers were, in no case, observed to take on a malignant character from the first; in some instances the change was very slow, and there was not much fever or constitutional disturbance, but gradual emaciation and exhaustion from the discharge and continual sloughing. In others a small black slough was observed in the centre of the sore, which it in a short period entirely covered, and "rapidly extended, in several cases, from the foot or ancle to nearly the knee, before death occurred; the whole limb, in many cases, resembling a piece of charred wood, there being little or no discharge." In others, again, sores which were nearly healed began to break out a second time, and gradually took on a gangrenous character. "The sores were usually situated on the ancles, heel, or lower third of the legs; three, however, proved fatal, on the thigh; and one man died from gangrene in the groin, originating in bubo." The ulcers appear to have been induced by the change of climate (the troops having only just arrived from Bengal), by want of sufficient clothing, and by bad food; and the gangrene was probably brought on by the crowding of 130 men into a hospital calculated for the reception of only 80. The treatment was, on the whole, by no means successful. Of the topical remedies employed, strong nitric acid, turpentine liniment, black wash, and solution of nitrate of silver, which succeeded in some few cases, completely failed in others. Fermenting and charcoal poultices, bals. peruv. &c., did not appear to be of any service, and no mention is made of arsenic, by far the most efficacious remedy in true hospital gangrene. Nine men suffered amputation, but four of them died. Where the patient was stout and robust bleeding was employed, but in one case only with decided benefit. At first, few internal remedies were used, and the patients were only allowed a more nutritious diet, with beer, wine, &c.; afterwards calomel was given, but in much smaller quantities than by Dr. Adam, the largest dose being ten grains at night, with ʒss. of Dover's powder. Where the pain was very great, opium was also given in the day. "In several cases the mouth became affected, in some followed by permanent, in others only temporary benefit, and in a third set with no very marked effect, either favourable or otherwise."

The mercury, however, appears to have been given rather with the view of correcting the disorder of the intestinal mucous membrane, than with the expectation of its exerting a specific influence on the sores. Some other remedies, particularly purgatives, were also used, but the disease appears to have been stopped as much by the exhaustion of the virus and the change in the weather, as by the means employed. A number of cases, both successful and fatal, are subjoined, together with a tabular view of the number of patients admitted in each month, but they do not convey much additional information.

After several cases of tumours in the orbit, all of which were removed with success, but which offer nothing very remarkable, we have "an account of the diseases which prevailed among the British troops at Rangoon;" the subject is not, however, concluded, three diseases only, dysentery, hospital gangrene, and scurvy, being described. The first of these was of very frequent occurrence, being induced by the continual changes of temperature, the cold and wet, to which the men were exposed, having to wade through swamps, &c., and the badness of the provisions. It was chiefly treated by bleeding, leeches to the perinæum, very large and frequent doses of calomel, and mercurial frictions: where there were no inflammatory symptoms, bleeding was not employed, and the calomel was given in smaller doses, and combined with opium or antimonial powder. Owing, how-

ever, to the want of a better diet, and the imperfect accommodation in the hospital, the treatment on the whole was not very successful, and a great number of deaths happened. Hospital gangrene occurred only amongst the sepoys and natives, no European having been affected. It attacked sound parts as well as wounds and ulcers, and spread very rapidly; three amputations were performed on account of it. In one of these cases the stump was attacked with gangrene, which speedily proved fatal; in another, the patient died exhausted after two months; and in the third, a complete recovery took place. The most efficacious local means were, fermenting and charcoal poultices; strong nitric acid was not used, and arsenic produced no permanent benefit. No internal remedies are mentioned, except cinchona and opium, the latter being given to relieve the severe pain.

The occurrence of scurvy was doubtless owing, besides the causes already mentioned, to the troops having been kept for more than six months on salt provisions, and those of bad quality, and the disease was by no means so frequent as under such circumstances might have been expected. The principal remedies were, vinegar and lime-juice, with nitre; and where it was complicated with dysentery, magnesia and small doses of rhubarb and of opium, the latter especially in clysters. No very decided change however was effected, until the diet was improved, and the weather became cooler and dryer, and out of 32 patients who came under the observation of the writer, nine died.

In the following article "on public health in India, by Dr. Ranken, which is not worth condensation, the dread of malaria is carried to an absurd extent; every drop of water exposed to the sun and air, every leaf and blade of grass, is supposed to contribute to its formation; and the author would have every European station, however small, surrounded by a complete desert, twelve miles in circumference, "within which, trees, plants, herbs, and all vegetables whatever, have been eradicated, and active measures are taken to prevent their reproduction, and no water, flowing or stagnant, is suffered to appear on the surface of the ground."

The remaining article is on diseases of the spleen, and especially chronic engorgement, which appears to be extremely common in Bengal, chiefly as a consequence of fever, but sometimes without any preceding disease. The principal symptoms, as described by Mr. Twining, are, besides the tumour in the side, extreme paleness of the face, leaden colour of the conjunctiva, dry but soft skin, and an extraordinary degree of debility. When examined after death, the diseased viscus is generally found much softer than natural, "breaking down in the hands, and becoming a putrid gore." The remedy which was found most efficacious in this disease, was the following mixture: Pulv. jalap. rhei,, calumb., zingib., potass. supertart. ā ā ʒ i.; ferri sulph. ℈ss.; tinct. sennæ, f.ʒiv.; aq. menth. pip. f.ʒix.; six drachms of which were given three times a day; and a number of cases are related, where a complete cure was effected by it in ten to twenty days, though the tumour was in some of them of considerable size, and of several months' standing. When there was still tendency to remittent or intermittent fever, sulph. quinin. or liq. arsen., was given at the same time. Mercury in every form was found to be peculiarly injurious, a very few doses producing great debility, profuse salivation, and sloughing of the gums and cheeks, which in many cases proved fatal. One or two writers have mentioned nearly similar effects as occurring in this country; but, in general, mercury is recommended in the cure of enlarged spleen, and is often given to some extent, without causing any of those serious consequences described by Mr. Twining, and which appear to be almost confined to tropical climates. Iodine was tried in six cases without the least benefit. The actual cautery was occasionally used with good effect, and is a favourite remedy among the native practitioners, who also employ a mixture of garlic, aloes, and sulphate of iron, various stimulating purgatives, and antacids with nitre.

It affords us most sincere pleasure to hear of the prosperity of a society, the zeal and talent in which are capable of presenting to the profession transactions of so valuable a character. A report of the first anniversary dinner of the institution will be found at page 674 of our last volume.

Observations on the Laws of Mortality and Disease, and on the Principle of Life Insurance, with an Appendix, &c. By GEORGE FARREN, Resident Director of the Asylum Foreign and Domestic Life Assurance Company. London; 1829. Dean and Munday. 8vo. pp. 130.

THE objects of this book seem to be, first, to show, that the Northampton and other tables, which have been hitherto used for calculating the premiums on life insurance, are by no means fit or sufficient for the purpose; and, secondly, that an association, such as "The Equitable Assurance Company," *may* be attended with many disadvantages and inconveniences, from each policy-holder being liable for the debts of the whole society. The justice of the first of these objections is sufficiently shown, by the enormous surplus capital which is now in the hands of the trustees of the Equitable, and which can only have been accumulated by the exaction of disproportionate and excessive premiums from the assured. With regard to the second, it does not appear to us of any great weight, as the inconveniences contemplated are by no means likely to occur; and we must say, that while the author has taken only a partial view of the subject, he has represented these in a very strong light, apparently with the object of lowering the "Equitable" in public estimation, and of proportionally heightening the advantages of the institution with which he himself is so intimately connected, and which is conducted on different principles.

As to the "observations on the laws of mortality and disease," which form but a small portion of the work, they contain no original information, and throw no particular light on the subject; indeed the greater part of them, including the copious quotations, appear to have scarcely any connexion with it, and we are at a loss to know why they were introduced. The appendix contains some just observations on the madness of Hamlet, Ophelia, and some others of Shakspeare's characters, but offers nothing which has not been said before, except, perhaps, an ingenious explanation of the emblematical meaning of the flowers of Ophelia's coronet, and the weeds with which Lear is crowned.

GUY'S HOSPITAL.

COMPOUND FRACTURE OF THE ULNA AND RADIUS.

ON Wednesday evening, December 9th, a stout Irishman, 35 years of age, was brought to the hospital in consequence of a severe accident which occurred at a neighbouring wharf. His occupation is that of a porter, and while carrying a very heavy box, his foot slipped, and he was precipitated to the ground, the weight of the box falling on his right arm, which it literally smashed. He was immediately conveyed to the hospital, and, from the state of the parts, it was deemed necessary immediately to send for Mr. Key (the surgeon for the week), who, on arriving and examining the limb, proposed amputation, to which the patient readily consented, and which was accomplished in the usual manner about the middle of the fore-arm, a single flap being formed of the posterior muscles; he was afterwards placed in bed, and a little wine administered, and 30 drops of a medicine called tinct. acet. morphia. This tincture is of the same strength as tinct. opii, p. l., and is said to have the same effect, without possessing its stimulating qualities; this remains to be proved, the surgeons of this hospital being determined to give it a fair trial.

10. Has passed the night rather comfortably, and slept pretty well, which is attributed to the opiate. This morning his pulse is 70, and rather full; tongue moist; bowels open; heat of the stump not much increased; not very painful.

12. Continues to take the opiate at bedtime, which obtained him a somewhat comfortable night's rest. He complains of pain in the part, with throbbing and heat. The dresser ordered wet cloths to the part.

13. The stump still continues very hot and painful. Mr. Key ordered the strapping and bandage to be removed, and a simple poultice to be applied to the part. Adhesion has just commenced, but very slightly, at the internal part of the flap.

14. Going on favourably; has been much easier since the application of the poultice.

15. Gradually improving; suppuration has commenced.

On examining the injured limb, the bones were found fractured about an inch from the carpus, and there were many small pieces sticking in the soft parts, which were very much torn. The ulnar and radial arteries escaped.

FATAL UTERINE HÆMORRHAGE.

A young woman, 23 years of age, admitted December 9th, under Dr. Addison,

stated that she had been delivered of an infant about six weeks since; that shortly after the birth of the child, very violent flooding came on, which continued for some time, and she lost a large quantity of blood. After the hæmorrhage had subsided, she felt herself extremely weak and languid, and her countenance became exceedingly pallid; and a week after, œdema of the lower extremities came on; she was unable to leave her bed before the expiration of a fortnight or three weeks. The offspring being the fruit of illicit intercourse, she suffered severely from the upbraidings of her friends; and being destitute, and in an extremely weak state, she sought relief at this hospital, when she was placed under the superintendence of Dr. Addison. At the time of her admission there was considerable swelling of the countenance and superior extremities from anasarca; there was likewise a very hard knotty feel of the veins of the left arm, which could be very distinctly traced. Slight cough, respiration very distinct over the greater part of the chest, though there appeared to be some obstruction at the inferior part of the right lung; slight pain at the heart, with a "*splashing*" noise on each contraction. She had a slight cough before delivery. Leeches were ordered to the arm, and she was placed on full diet. The Doctor observing that she was labouring under the effects of hæmorrhage, she expressed herself greatly benefited from this plan of treatment, and on the 11th she expressed herself as feeling nearly well.

13. This afternoon she was sitting up, taking her tea, and, according to her account, felt quite comfortable. She suddenly became faint, continued to grow worse, and within a quarter of an hour she expired. It is necessary to observe, that she could lie down on either side with the greatest ease, and in the morning no effusion could be discovered by the stethoscope, in either side of the chest.

Post-Mortem Examination.

On opening the cavity of the chest, each bag of the pleura was nearly filled with fluid; and the lungs presented, on the external surface, a macerated appearance; the bronchia were slightly inflamed; fluid in the pericardium.

Heart.—Right auricle considerably distended; mitral valves much distended; left ventricle contracted, and contained patches of congulable lymph; subclavian being obstructed with lymph, coats much thickened, and very hard.—Uterus very much contracted. The ovaries contained several corpora lutea.

Dec. 9. The little-finger of a young man was haggled off, on Monday, by a dresser of Mr. Key; it was affected with carcinoma, which had destroyed the extensor tendons, and the finger had become permanently contracted. On Tuesday, there was a steatomatous tumour grubbed out of a stout muscular man's back, 40 years of age, which first made its appearance two years ago; six months since it began to grow very rapidly, causing a great deal of pain, and he applied for relief at this hospital, when it was removed by Mr. B. Cooper's dresser.

STRANGULATED HERNIA.

(*Concluded from No.* 329, *p.* 324.)

Dec. 3. Has passed a very restless night; the vomiting has been nearly incessant; low muttering; delirium; pulse scarcely perceptible at the wrist; extremities cold; the gin was copiously administered during the night, and to the time of her death, which took place in the afternoon of this day. It is right to mention, that she had not had an alvine evacuation for a fortnight previous to her being brought to the hospital.

Inspection of the Body.

There were scarcely any appearances worth recording, the intestines were slightly inflamed, but not adherent to each other as Mr. Morgan imagined; liver healthy; stomach distended with flatus.

LAUDANUM TAKEN IN LARGE DOSES.

Elizabeth Marsden, aged 27, admitted under the care of Mr. Key, Nov. 2, 1829. The patient is a thin delicate-looking girl, she has been confined to her bed nearly four years, during which period she has never been able to lie in a horizontal position, the trunk being elevated by means of bolsters, pillows, &c.; during that period, there has been a discharge, per vaginam, of a thin sanious character, and, at times, very fœtid; she has suffered very severe pain, being unable to sleep at night, without the use of the tinct. opii, and to which she has so accustomed herself, that no effect was produced on the nervous system without taking enormous doses, 3 ounces was the quantity taken at the time of her admission, which produced very little effect. She, however, disliked such large doses, and sought relief at the hospital, where she was admitted. She comes from the neighbourhood of Greenwich.

7. Mr. Key, the first time he saw her, not knowing the exact quantity taken, ordered doses of ʒ iss.; this, however, was a too sudden reduction of the usual quantity: the girl became exceedingly irritable, she was attacked with violent shakes, not unlike chorea; she started at the least noise, with evident alarm, and shrunk from the least blast of cold air: pulse 100, and weak;

tongue moist and furred. The dose to be immediately increased to 3 ounces, with directions for the sister of the ward to decrease it gradually.

10. The dose not quite so large as 7th, but very little difference; the spasm continues, but not with such violence; she appears exceedingly timid, and very susceptible of the impressions of cold; pulse 95; bowels open.

14. Dose decreased to four tablespoonfuls; symptoms nearly the same as the report on the 10th; pulse 85.

17. She now takes three tablespoonfuls at a time; complains of pain in her head, and giddiness; obtains but little sleep during the night; occasional spasm.

24. Very little decrease in the dose since 17th; pain in the head gone; pulse 80, and weak; tongue furred and moist; bowels to be regulated with house physic.

Dec. 1. One tablespoonful of the laudanum to be taken twice a day, and she says, her feelings are as if she had not taken any; spasm nearly gone.

8. She is now taking 90 minims twice a day; complains of weakness; her hands are now sufficiently steady to use her needle, and she remains in the hospital for her other complaints. This is certainly a curious case!

Many patients last week, in this hospital, were attacked with erysipelas, which Mr. Key ascribed to the peculiar state of the atmosphere. The weather changing to a keen frosty air on Sunday 6th instant, Mr. Key expected to find all his patients much better on visiting them, and this he stated to the pupils on Monday, which proved to be the case. As a local application, flour is used, covering the part affected thoroughly; and it appears to be beneficial. In one case of phlegmonous erysipelas of the leg Mr. Key made incisions of about three inches in length, with advantage to the patient.

Mr. Key is exceedingly irregular in his attendance at this hospital; he never makes his appearance before a quarter to one, and is very frequently later. On Monday, 7th, he was "going round" until half past two, and then had not seen half his patients. The other day he did not visit till it was half past three o'clock. He generally continues at the hospital till he has not half a dozen pupils remaining with him.

WESTMINSTER HOSPITAL.

DIABETES INSIPIDUS.

Elizabeth Jones, ætat. 44, of a short bulky person, active constitution, and sanguineous temperament, entered under Sir G. Tuthill, 15th of July, with an enormous secretion of insipid urine. The patient has been employed the greater part of her life as a washerwoman, and is noted for her activity and industry. The first years of her life were spent in the country, where she enjoyed excellent health. She was married at sixteen, and had not her catamenia until after this period. Her husband being an industrious artisan, supported her in great comfort for twenty-two years; but dying suddenly some years ago, she was left unprovided, and experienced a change from competency to penury. From having a liberal allowance of butcher's meat, she was reduced to support life chiefly upon bread-and-butter and tea. Up to this period, her appetite was always uncertain; bowels open, and perspiration profuse; micturition always well performed, and she had always indulged in vegetable diet.

She passed very favourably through the diseases of childhood and adolescence, but early became subject to fits of syncope, to which she is still liable. She does not know of any hereditary tendency to this complaint, but states that her mother's family were peculiarly subject to dropsy.

The menstrual discharge ceased about four years ago, and this she ascribes to a fright. Soon after this cessation, she became subject to an increased urinary secretion, and was admitted into this hospital under Dr. J. Bright, who successfully treated her with wine cordials and rich diet. Since that time she has enjoyed average health, with the exception of an attack of rheumatic fever, brought on by sleeping in a damp situation.

Two months ago an augmented discharge of urine was perceived, accompanied with an oppressive sense of weakness, profuse perspiration, and intense thirst. She ascribes the occurrence of this attack to mental distress, and low living.

Her present case is this: countenance and conjunctivæ of a yellowish hue; eyes prominent; expression placid. Complains of her memory being impaired, and of an occasional sinking sense of debility; skin dry and prurient; tongue of natural colour, and flabby; appetite impaired; thirst excessive; bowels open with castor oil; the flow of bile but scanty, as indicated by the light colour of the stools; the urine secreted per day amounts to *twenty-five pints*; respiration natural; no expectoration; pulse 70, full, and soft; pain of loin. Cupped on the loins to ten ounces; an ounce of castor oil to be swallowed every morning, and a fluid ounce of this mixture to be taken thrice a day.

Tinct. of opium, two drachms;
Decoction of whortleberry, eight ounces.
Mix.

19. The pain of lumbar region relieved by the cupping. The quantity of urine about twenty-four pints per diem; thirst, if anything, less. Five grains of soap and opium still to be taken every six hours.

20. Had a restless night; bowels not very open; tongue red, rugose, and moist; great pruritus over the whole; evanescent pimples occasionally appear; twenty pints of urine secreted in the last twenty-four hours; low diet; strong beef-tea. Continue the medicines.

22. Cold shiverings succeeded to the intolerable pruriency of skin; bowels kept open with castor oil; great debility.

24. Head more easy; skin less yellow, though still itching; temper more cheerful; urine secreted rather less than twenty pints; pulse soft; tongue flabby.

30. Has continued her remedies; urine secreted daily eighteen pints; pulse 70, natural; a mutton-chop for breakfast, and another for dinner; a grain of opium to be taken every four hours.

Aug. 10. Urine amounts to fourteen pints daily; complains of pain of loins, the same irritation, and her sleep is disturbed with fearful dreams at night; whilst awake, she has oppressive headach; pulse accelerated; tongue slightly furred. Ordered to take castor oil assiduously, but to continue the opium.

20. Reiterates her complaints; the urine rather less than twelve pints in the twenty-four hours. A liniment of laudanum and opodeldoc to be applied to the loins.

Sept. 1. She has become more reconciled to her medicine; appetite improved; tongue clean; countenance lighter; the urine secreted is less than ten pints a day; a pint of porter allowed per diem; five grains of opium taken every day. The stomach rejects castor oil; senna and salts are therefore employed to act upon the bowels.

6. Has a slight leucorrhœal discharge, for which a strong alum wash is prescribed; the quantity of urine eight pints; four grains of opium per day; beef-tea and potatoes, in addition to other diet.

12. The fluor albus has disappeared; in addition to her opium, she takes this mixture:—

Infusion of roses, eight fluid ounces;
Sulphate of magnesia, one ounce;
Dilute sulphuric acid, half a drachm.
Mix. An ounce three times every day.

The secretion of urine has diminished to seven pints.

24. The patient is convalescing fast; the urine amounts to no more than four pints; appetite good, tongue clean, and more condensed; pulse 70, full, and regular. Three grains of opium per day.

Oct. 6. A slight leucorrhœa supervened, but was quickly relieved by an alum and bark injection; the emunctories act well; one grain of opium per diem; convalescent.

Saturday, 26th of September. Mr. Lynn, considering the state of John Chace's health as much improved, and favourable to undergo an operation, scooped out the exostosic fungus from the meatus nasi, as well as from the external wall of the lachrymal sac this was done by a common scalpel and lithotomy scoop; slight hæmorrhage succeeded, which was staunched by a little tincture of myrrh. Simple dressing was placed over the wound, and a roller applied.

Oct. 5. The patient is doing well.

MEDICAL BENEFIT SOCIETY.

To the Editor of THE LANCET.

SIR,—The willingness you have expressed to lend a helping hand, and co-operate in my endeavours, to form the *Medical Benefit Society of London*, induces me to say a few words to my professional brethren on this important subject, and to endeavour to arouse them from the apathy which many feel respecting it. The necessity of such an institution is fully acknowledged, and when once formed, it would be sure to meet with universal support from the profession; but it is necessary to make a beginning. To effect this, a provisional committee must first be formed, which shall take the measures necessary for calling a public meeting; and, secondly, to raise a trifling sum by subscription, to defray the necessary expenses which accrue under their superintendance. Many letters have been forwarded to me, conveying the names of gentlemen wishing to become members, and inquiring how soon it is to be formed. In answer to these, I beg to observe that it is necessary that I should have some associates to consider the best means of forming and managing the Society, as all I wish to do is simply to lend my aid in its formation, being perfectly willing to act as honorary secretary, until it is established upon a solid foundation. The aid of an able actuary is necessary to make those calculations which are important to its being carried on after the manner of the *Medical Provident Society of Scotland*, whose secretary, Mr. D. Cannon, has kindly sent me their prospectus, with an offer of his able assistance if requisite. It is for the members of the profession to say, whether or not they will be their own friends, and provide against those contingencies, which sickness, or other

troubles, are too liable to bring; when an amiable wife, and a large family, may be looking to the parent for subsistence, and he be incapacitated from attending to his duties, and administering to their wants. Though many readers of this letter may now be in the zenith of practice and affluence, yet they know not how soon adversity may arrive, and poverty make its insidious approaches, rendering those circumstances appare ntwhich would injure their practice, and weaken those talents, the preservation of which is so necessary to professional reputation.

Those gentlemen who are *really* disposed to join me in the labours of establishing a society of this description, are requested to signify the same to me, by letter, addressed, post paid, at the twopenny post-office, 26, Brewer Street, Golden Square, and they shall have my immediate attention. I therefore remain, Sir, your obedient servant,

H. W. DEWHURST,
Surgeon and Lecturer on Anatomy.

London, Dec. 15, 1829.

DEMONSTRATING GRINDERS.

To the Editor of THE LANCET.

"Nothing extenuate, nor set down aught in malice."

SIR,—I assure you, your LANCET of last week contains a most ignoble attack on the demonstrators of Bartholomew's Hospital, but believing that you are entirely unconscious of it, but relied on the word of a Bartholomew pupil, I am not surprised at your admitting the letter into your publication; the truth should be spoken at all times, but your correspondent certainly must have forgotten my motto when he wrote his letter.

The practice of "grinding" pupils at seven guineas a head by our demonstrators does certainly exist, but can your correspondent give very good reasons why it should not? If they feel inclined, after their labours in the dissecting room (which I assure you, with due reference to your authority, amounts much beyond two hours), to instruct pupils for a trifling remuneration for months, what possible objections can there be to such a practice? A man cannot be expected to give up his evenings for nothing; then why should he not receive a pupil for an hour or two, and give him instructions? Or, if your correspondent would like it better, *grind* him.

But, Sir, to assert that a pupil can obtain *barely* an answer to a question he may put in the dissecting room, unless he is being "*ground*," is the most ungentlemanly and the most illiberal attack that he could have made; it is entirely without foundation; but the practice, I grant, is open to SUSPICION, that they would be more attentive to their private pupils, if we may call them so, than others; yet I assure you, Sir, in conjunction with the feelings of others, whose opinions I know on the subject, that it is not the case, but that they are as attentive to one as to another. If you would give admission to this, you would greatly oblige, Sir, your humble servant,

VERITAS.

December 10th, 1829.

WESTERN HOSPITAL.

TREATMENT OF THE STUDENTS.

To the Editor of THE LANCET.

SIR,—Relying on your well-known sympathy in whatever affects the interests of medical students, I trust you will lend me your powerful assistance in exposing the gross deceptions by which those unfortunate pupils, who entered to the Royal Western Hospital in the medical session of 1828-9, were duped.

From the advertisements, on the cover of your Journal, published before that session commenced, I was led to make application to Mr. Sleigh, the senior surgeon, for further information; his plausibility and assurances induced me to enter to his lectures and the hospital practice, for he most confidently stated that the hospital would contain 110 beds, constantly filled with patients, although at that time (September, 1828) he must have been well aware that this could not be accomplished. Moreover he asserted that there could be no doubt but that certificates of attendance at the hospital would be certainly received by the College and Hall, as the following letter in reply to my inquiries will amply testify:—

"Sir,—In reply to yours of this day, I beg to say that I should be very sorry if the hospital practice were the *principal inducement* for any who have been kind enough to enter at our school. However, I can *ensure* that the attendance thereat will be received at the College and Apothecaries' Hall, for, by the 1st proxo. it will have one hundred and ten beds constantly filled with patients, being ten more than the by-law requires, and forty more than the Westminster Hospital contains. I beg to send the prospectus according to your request, and am your obedient servant,

"W. W. SLEIGH.

"23, Upper Seymour Street,
Portman Square.
September, 1828."

Supposing that a surgeon of a public hospital, and a recognised lecturer on anatomy, was a man of honour and veracity, I implicitly relied on Mr. Sleigh; but how have I been deceived! The hospital has *not* contained the number of patients promised; and the following is the reply from the College to my request for information, relative to the hospital practice as to whether *past* attendance or *future* attendance, either of them, if asked as a *favour*, would be received.

"Royal College of Surgeons in London,
"November 27, 1829.

Sir,—In reply to your inquiry of the 25th instant respecting the recognition by this College, of attendance upon the surgical practice of the Royal Western Hospital, I have to inform you that the Council of this College on the 17th of June last, resolved not to recognise such hospital as a school of surgery, and that a copy of the resolution was, on the same day, transmitted to Mr. Beechy, honorary secretary to the hospital.

"I am, Sir, your most obedient servant,
EDMUND BELFOUR, Sec.

"Mr. G. I. H. Brodie,
Royal Western Hospital."

Yet, Sir, can you credit it? Mr. Sleigh, in despite of this, still continues his assurance, that we have only to present ourselves for examination, and we shall be considered eligible; although he well knows, that the state of the hospital must render it morally impossible, as the recent disputes that have taken place here, have let in too much light on the "hole-and-corner" means pursued to *get it up*. I am afraid I should trespass too much were I to enumerate the various deceptions by which the pupils have been amused, their hopes kept alive, and the prospects of some of them sadly blighted; but, before I conclude, allow me to advert to the irregular and defective manner in which Mr. Sleigh's lectures on anatomy and surgery have been delivered; he has not bought a subject since he has lectured at this hospital; but his anatomy and demonstrations were supplied from the pupils' dissections; and, when these were not sufficient, a bone, or a diagram, supplied their place, and his black board and chalk are well known as his museum. The courses of surgery were not illustrated by a single subject, and we had only his *promises* for the clinical lectures; it is but justice to the school to state, that Mr. Truman's lectures on anatomy this session have been conducted in a very different manner, and are amply illustrated.

The medical practice of the hospital has been hitherto received at Apothecaries' Hall as that of a dispensary (the acknowledgment of it as a *hospital* having been refused there); but the secretary of the Company informs me that, while there is no licentiate-physician of the London College in regular attendance, it cannot be received. Dr. Ayre has been obliged to retire (in consequence of exposing some of the senior surgeons' peccadilloes); his loss is much regretted by the pupils, to whom his assiduity and attention to their professional improvement was unremitting. Thus we are, at present, without any qualified physician.

The foregoing statement will, I trust, prevent others from being deceived; but what reparation can Mr. Sleigh make for the disappointment, the loss of money, and that which to young men is far more injurious, the loss of time caused to his unfortunate pupils, by conduct which I may leave others to designate?

I remain, Sir,
Your obedient servant,
G. J. H. BRODIE.

30, Earl Street, Dec. 11, 1829.

LITERARY INTELLIGENCE.

M. CHERVIN, member of the Legion of Honour, Doctor of Medicine of the faculty of Paris, already celebrated in Europe, by his exertions in investigating the causes of yellow fever, and other contagious disorders, has nearly completed a very voluminous work, reaching to five quarto volumes, on the late endemic fever in Gibraltar. He has brought forward a great mass of interesting matter, which seems finally to determine the question of contagion or non-contagion in favour of those who advocate the local origin of the disease. This work will be replete with extraordinary documents, some of which seriously implicate the conduct of the local government of that garrison, but more especially that of two of the principal medical officers, who, it would appear, were not over scrupulous in modifying the evidence and controlling the testimony of the witnesses. How these gentlemen will defend themselves from the inferences necessarily arising on the perusal of these papers remains to be seen; the reports of nearly all the British medical officers tend strongly in favour of Dr. Chervin, and upon these the public will be required to form their opinions.

If Dr. Chervin succeed in establishing his position, that the fevers which have so often desolated the south of Europe, and the West Indies, are of a sporadical origin, the cumbrous quarantine machinery which has so long proved a source of expense to governments, and of embarrassment to commerce, must necessarily fall to the ground,

in spite of the exertions of interested individuals, however iniquitous may be their measures. It is to be regretted, that the cares of so important a government as that of Gibraltar, should be allowed to weigh down the declining years of that respectable but superannuated veteran, Sir George Don. When a functionary has become too old to perceive with his own senses, or to judge with his own understanding, he immediately becomes liable to be imposed upon by designing people, and acts of partiality and injustice necessarily arise. Had the worthy old General been in possession of his faculties, a meritorious officer could never have been subjected to a series of petty insults and oppressions, and finally to the deprivation of his office, merely because he had the honesty and independence to declare his sentiments, regardless of hints from head quarters.

In the work of Dr. Chervin, the means of appreciating the conduct of every individual engaged in that melancholy scene will be afforded; and the Right Honourable Secretary for the Colonies, will be enabled to distinguish those individuals who have really done their duty, from those wretches who have wrought out their own interest at an enormous and appalling expense of human misery.

M. James Le Roy Desiolles, D.M.P., Knight of the Legion of Honour, is preparing for the press a second edition of his work on the History and Process of Lithotrity; in which, the results of four years' extensive practice will be fully detailed.

Dr. Alphonse Velpeau, Surgeon of the Hopital St. Antoine, Paris, has for some years been occupied in researches, as to the means employed by nature in arresting hæmorrhage; and also, as to the structure and connexion of the membranes enveloping the fœtus in utero. These researches will constitute a part of the great work, which he is about to publish, on Physiology in general.

M. Amussat, D.C.P., distinguished by his essay on the canal of the urethra, and his experiments on the torsion of blood-vessels, as a means of stopping hæmorrhage, has nearly completed a memoir on the high operation for the stone, and which includes a history of the *thirteen* cases in which he has had recourse to this mode of treatment.

M. Rigal, M.D., of Montpellier, advantageously known in France as the author of some ingenious surgical essays, and as the inventor of the "*chemise lithotriteure*," will shortly publish an account of his instruments for the destruction of urinary calculi in the bladder, and in which, he has adopted a new principle, that of acting by a centripetal instead of a centrifugal force; being exactly the reverse of the principle adopted by Le Roy, Civiale, Heurteloup, and Amussat, in their three and four-branched instruments, where the retention of the stone is effected by the claws, and the destruction by the drill.

M. Colombat, Officier de Sante, has presented to the Royal Institute of France, an ingeniously-contrived instrument for the excision of the cervix uteri, when from the rigidity of the parts that viscus cannot be drawn down to the os externum. He has operated in three cases with perfect success, and Messrs. Recamier and Roux have declared their favourable opinion of his "*hysterotome.*"

Dr. Le Roy will commence a gratuitous course of lectures on lithotrity, at the Hospice de Perfectionnement, in January next.

Dr. Marshall Hall has a second edition of his Treatise on Diagnosis in the press.

In the press, and in a few days will be published, Clinical Illustrations of Fever, with observations on its Pathology and Treatment. By Alex. Tweedie, M.D., Physician to the Fever Hospital.

TO CORRESPONDENTS.

Communications have been received from Mr. J. White—Dr. Corrigan—Studens.

C. X. Yes.

The abuse mentioned by *Fair Play*, will be noticed in an early number.

Dr. Corbett is mistaken; he will find the communication in No. 316.

J. W———. We know nothing of the party, but if the "dispenser" and the "ordinary" be the same person, probably it has been the trick of some Catholic.

Well-Wisher to The Lancet. The insertion of the letter with this signature, might have the effect of doing an injury to the author of the best book, not at the same time conferring a favour on the author of the worst. One of the errors is certainly important, and without doubt will be corrected in his second edition.

Constant Subscriber. Paris. Thanks for the 'Courrier des Tribunaux.'

H. G. We very much regret that it is not in our power to offer him the least advice that can prove satisfactory. If possible, the state of the profession is worse in London than in Glasgow. And worse it will yet be, if the "out-patient" and "asylum-for-health" systems be not speedily changed.

Mr. J. F. Clarke appears to understand the subject, and we hope he will aid those who are about to petition for redress.

An Admirer of The Lancet. The card and letter shall be inserted next week.

C. Two drachms of camphor, dissolved in an ounce of spirits of turpentine.